Nurse Manager Succession Planning: Building a Leadership Pipeline for the Future

Katie Stephens
University of San Francisco, kjstephens@dons.usfca.edu

Follow this and additional works at: https://repository.usfca.edu/dnp

Part of the Nursing Administration Commons, and the Other Nursing Commons

Recommended Citation

This Project is brought to you for free and open access by the Theses, Dissertations, Capstones and Projects at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Doctor of Nursing Practice (DNP) Projects by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact repository@usfca.edu.
Nurse Manager Succession Planning: Building a Leadership Pipeline for the Future

Katie J. Stephens, DNP(c), MSN, RN, PCCN, NEA-BC

University of San Francisco

N789E

Fall 2019

Dr. Mary Lynne Knighten, DNP, RN, NEA-BC, DNP Committee Chair

Dr. Cathy M. Coleman, DNP, RN, MSN, CNL, CPHQ, OCN, Second Committee Member
# Table of Contents

Section I: Title and Abstract ........................................................................................................... 5

Abstract ........................................................................................................................................ 5

Section II: Introduction .................................................................................................................. 7

Problem Description ....................................................................................................................... 8
Available Knowledge....................................................................................................................... 9

  * PICOT Question .......................................................................................................................... 9
  * Search Strategy .......................................................................................................................... 9
  * Critical Appraisal ....................................................................................................................... 10
  * Review of the Evidence ........................................................................................................... 10
  * Summary of Evidence ............................................................................................................. 17

Rationale ....................................................................................................................................... 17

  * Conceptual Framework ........................................................................................................... 17
  * Change Model ............................................................................................................................ 18

Specific Aims ................................................................................................................................. 18

Section III: Methods ..................................................................................................................... 19

Context .......................................................................................................................................... 19

Intervention .................................................................................................................................... 20

  * Gap Analysis ............................................................................................................................ 20
  * SWOT Analysis .......................................................................................................................... 21
  * GANTT Chart ............................................................................................................................ 28
  * Responsibility/Communication Plan ....................................................................................... 28
  * Budget ...................................................................................................................................... 28

Study of the Interventions ............................................................................................................. 29

Analysis ......................................................................................................................................... 30

Ethical Considerations .................................................................................................................. 31

Section IV: Results ......................................................................................................................... 32

Project Evolution ............................................................................................................................ 32

Outcomes ....................................................................................................................................... 32

  * Turnover and Promotions ......................................................................................................... 32
  * NM Competency ....................................................................................................................... 33
Section V: Discussion ........................................................................................................... 33

Summary ..................................................................................................................................... 33

Lessons Learned ........................................................................................................................... 34

Implications for Nursing Practice ............................................................................................ 34

Dissemination Plan ...................................................................................................................... 34

Interpretation ............................................................................................................................... 35

Limitations ..................................................................................................................................... 35

Conclusions .................................................................................................................................... 37

Section VI: Other Information ..................................................................................................... 38

Funding ......................................................................................................................................... 38

Section VII: References ............................................................................................................... 39

Appendix A: Letter of Support from Organization ................................................................. 45

Appendix B: Evaluation Table ...................................................................................................... 46

Appendix C: Johns Hopkins Nursing Research Appraisal Tool ............................................. 54

Appendix D: Gap Analysis ......................................................................................................... 63

Appendix E: SWOT Analysis ...................................................................................................... 64

Appendix F: Work Breakdown Structure ................................................................................... 65

Appendix G: Nurse Manager Competencies ............................................................................. 66

Appendix H: Nurse Manager Skills Inventory .......................................................................... 67

Appendix I: 9-Box Grid Evaluation Tool ................................................................................... 71

Appendix J: Talent Profile .......................................................................................................... 72

Appendix K: Association of California Nurse Leaders Foundation for Leadership Excellence Course ......................................................................................................................... 73

Appendix L: Initial Nurse Manager Succession Planning Introduction and Explanation 2019 .................................................................................................................................................. 75

Appendix M: Talent Assessment Survey Monkey ...................................................................... 77

Appendix N: Invite for Formal Leadership Development Program ......................................... 79

Appendix O: HR and CEPD Leadership Development Courses ............................................. 80

Appendix P: Gantt Chart ............................................................................................................ 83

Appendix Q: Communication/Responsibility Plan ................................................................... 84

Appendix R: Proposed Budget .................................................................................................... 85

Appendix S: DNP Statement of Non-Research Determination Form ......................................... 86
Appendix T: Nurse Manager Skill Inventory Pre and Post Program Scores ........ 89
Appendix U: Overall NMSP Program Evaluation................................. 90
Abstract

Problem. This academic medical center was increasing bed-capacity and needed to hire 12 additional nurse managers (NM) to meet these new requirements. Promoting assistant nurse managers (ANM) to the NM role saves time and money, supports leadership and cultural continuity, and demonstrates a strong organizational commitment to internal human capital.

Context. Formal nurse manager succession planning (NMSP) programs have been shown to increase nurse manager competency and retention rates, while also helping to identify and develop new generations of nurse leaders. To mitigate the recent loss of ANMs and strengthen the remaining leadership bench strength, the organization is developing, implementing, and evaluating a formal NMSP program.

Interventions. The Doctor of Nursing Practice (DNP) project included the development, implementation, and evaluation of a formal NMSP program for the nurse manager role, with the aim of decreasing turnover and filling NM positions with internal ANM candidates.

Measures. Comprehensive NMSP project evaluation and outcome measures were improved ANM retention and internal promotions to the nurse manager role, as well as improved candidate perceptions of leadership and management skill competency post leadership development program using a valid and reliable tool.

Results. Comprehensive NMSP program evaluation showed increased ANM retention and internal promotions to the nurse manager role, as well as improved candidate perceptions of leadership and management skill competency post leadership development program.
Conclusion. The increased retention and internal promotion outcomes of this DNP-led evidence-based project suggest that formal and deliberate succession planning, along with individualized developmental plans has positive implications for preparing future NMs.

Keywords: succession planning, nurse manager, retention, promotion, program development, leader, and human capital
Section II: Introduction

The nation’s healthcare landscape is rapidly evolving. New Pay-for-Performance (P4P) reimbursement models are forcing healthcare organizations to transition from a volume-based payment structure to one centered on value. This shift in reimbursement has organizations scrambling to balance two historically opposing priorities: high-quality care with fiscal responsibility. As the largest sector of the healthcare workforce operating on the frontlines of patient care, nursing is ideally positioned to impact this value-based shift (American Association of Colleges of Nursing, 2019). As such, influential groups such as the Institute of Medicine (IOM) and the World Health Organization (WHO) have boldly called upon the nursing profession to prepare for and assume key leadership positions that can help lead complex change and advance health systems (Institute of Medicine, 2010).

Effective front-line nurse managers (NM) play the most crucial role in health care organizations and they represent the highest predictor of nursing work engagement and retention, as well as clinical and operational excellence (Press Ganey Associates, 2017; Shirey, Ebright, & McDaniel, 2008; Shirey, McDaniel, Ebright, Fisher, & Doebbeling, 2010; Warshawsky, Rayens, Stefaniak, & Rahman, 2013). Evidence suggests that the nurse manager workforce is advancing in age and approaching retirement (Advisory Board, 2015). The impending baby-boomer retirement is projected to impact roughly 67,000 formal leadership positions by the year 2020 (Titzer & Shirey, 2013). This impending shortage could have negative consequences for the nursing practice environment, leading to adverse patient outcomes, and decreased quality of care. This is further complicated by the fact that nurse managers and other formal nurse leaders are often promoted into key leadership positions without the leadership and business skills needed to successfully lead and manage complex change. Current and future nurse leaders need advanced
knowledge, skills, and decision-making abilities in the areas of people, environment, finance, strategic planning, and data management (IOM, 2010). To this end, it has become apparent that formal nurse manager succession planning is needed and should be a key strategic imperative for healthcare organizations, as well as the overall profession of nursing.

**Problem Description**

This practicum site is a 613-bed university-owned, non-profit, academic, ANCC Magnet® designated healthcare system in the Northern California San Francisco Bay Area. The organization is increasing bed capacity through the construction of a new inpatient tower, emergency department, and interventional platform due to open in Fall 2019. To meet the bed-capacity requirement for transition into the new hospital, nursing leadership will need to scale up and hire 12 additional nurse managers (NM). Recruiting external nurse leaders can be costly. Promoting Assistant Nurse Managers (ANM) to the NM role is ideal, as it saves money, supports continuity, and demonstrates a strong organizational commitment to developing and promoting internal human capital.

Twelve months prior to the initiation of this DNP project, workforce analytics revealed that this organization lost eight high-performing, high-potential ANMs to external promotions with other local competing health care organizations. These numbers accounted for 18% of the total ANM talent pool. An additional 15% turnover was experienced in the ANM role; however, these candidates stayed within the organization, moving to other departments outside of the inpatient environment. Comprehensively, the ANM talent pool experienced significant turnover in the 12 months prior to the initiation of this DNP project.

To help mitigate the recent churn and loss of ANMs while building leadership bench strength, a formal succession planning program was proposed through this DNP project. The
proposal aimed to grow the existing talent pool and increase the leadership pipeline of next-in-line leaders ready to transition into the NM role for the new hospital opening in Fall 2019. In addition to this clear operational need for succession planning (SP), formal SP at all levels of nursing practice was also included as a new American Nurses Credentialing Center (ANCC) 2019 Magnet requirement for organizations seeking Magnet Recognition status (ANCC Magnet Recognition Program®, 2017). Prior to project initiation, there was no formal structure and process for NMSP, which put the organization at risk for Magnet re-designation in 2020. Due to the significant operational and Magnet-related needs, the project was overwhelmingly supported by the practicum site and was deemed one of significant need to the organization (see Appendix A). The DNP project included development, implementation, and evaluation of a formal, evidence-based NMSP program.

Available Knowledge

**PICOT Question.** For nurse managers, how does the implementation of a formal succession planning program—compared to its absence—impact key organizational performance metrics, such as retention and time-to-fill vacancies, as well as nurse manager empowerment, engagement, and role competence within four-months post-intervention?

**Search Strategy.** The PICOT question was used to guide the search strategy in the following databases: CINAHL Complete, Cochrane, PubMed, and ABI INFORM. A combination of the following keywords was included: succession plan* and nurs* manager. The search was limited to full-text, peer-reviewed articles written in English, published within the last ten years. A review of abstracts eliminated articles based on anything other than nurse manager succession planning. A total of 68 potential articles were identified for possible inclusion. Inclusion criteria for articles included those that reported on formal nurse manager
succession planning models, both nationally and internationally. A review of abstracts eliminated articles based on anything other than nurse manager succession planning. Duplicate titles were removed. Exclusion criteria was any article that appeared to be on something other than nurse manager succession planning. Of the remaining 35 articles, those appearing to be on a topic other than succession planning for nurse managers were excluded from the search results, resulting in 13 total articles. These final articles are displayed in an evidence table located in Appendix B.

**Critical Appraisal.** The Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) Research Evidence Appraisal tool (Appendix C) was used to assess and evaluate the articles included in this review (Dang & Dearholt, 2017). The use of the JHNEBP aids in determining both the level and quality of research by examining the strength of study designs, methods, as well as the validity of results.

The articles reviewed were a mixture of non-experimental, longitudinal studies (Barginere, Franco, & Wallace, 2013; Manning, Jones, Jones, & Fernandez, 2015; Ramseur, Fuchs, Edwards, & Humphreys, 2018; Watkins et al., 2014), quasi-experimental, mixed-methods design (Hosis, Plummer, & O’Connor, 2012; Titzer, Shirey, & Hauck, 2014), a cost-benefit analysis (Phillips, Evans, Tooley, & Shirey, 2017), and systematic reviews (Carriere, Muise, Cummings, & Newburn-Cook, 2009; Titzer, Phillips, Tooley, Hall, & Shirey, 2013; Titzer & Shirey, 2013). The overall strength and quality of evidence was strong, ranging from JHNEBP III/B to IV/A.

**Review of the Evidence.** Throughout the literature, multiple definitions of succession planning exist; however, most descriptions originate from Rothwell’s work (2010) where succession planning was defined as “a deliberate and systematic effort by an organization to
ensure leadership continuity in key positions, retain and develop intellectual and knowledge capital for the future, and encourage individual advancement” (Rothwell, 2010, p. 6). According to Rothwell, the “continued survival of the organization depends on having the right people in the right places at the right time” (Rothwell, 2010, p. 8).

**Succession planning history.** The concept of succession planning dates back to the 14th century and was initially related to family-owned businesses (Gordon & Overbey, 2018). Preparing family heirs to take over the family business was an expected duty in these cases, transferring important knowledge, skills, and resources to help sustain and grow the family’s wealth (Gordon & Overbey, 2018). In the mid-20th century, the concept of succession planning began growing in popularity among publicly-owned companies, government entities, and non-profit organizations. Most companies at this time focused solely on chief executive officers (CEOs), largely neglecting leadership continuity below the executive level (Gordon & Overbey, 2018).

**Succession planning and mid-level management.** It appears that succession planning among mid-level managers has largely been ignored across most industries – although recognition of its need appears to be surfacing (Gordon & Overbey, 2018). Ignoring succession planning needs for low- and mid-level managers can have costly implications for organizations as these managers serve as vital conduits between the visionary strategies of C-level executives, such as the Chief Executive Officer (CEO), and the daily front-line workforce. These managers have a significant impact on the company’s productivity and profit goals.

**Succession planning in nursing.** The use of succession planning in the healthcare literature surfaced in 2000 (Carriere, Muise, Cummings, & Newburn-Cook, 2009) and mostly addressed C-level leadership (Redman, 2006). Succession planning in the nursing-specific
literature began emerging shortly after and has been rapidly gaining momentum across the last decade (Carriere et al., 2009; Kim et al., 2017; Swearingen, 2009; Titzer, Phillips, Tooley, Hall, & Shirey, 2013; Titzer & Shirey, 2013). Interestingly, formal succession planning at all levels of nursing practice has been included as a new American Nurses Credentialing Center (ANCC) Magnet requirement for organizations seeking Magnet Recognition status (ANCC, 2017).

Several interrelated issues are creating the need for deliberate and formalized succession planning in nursing leadership, including the aging nursing workforce and the increasing complexity of healthcare which is driving the need for more sophisticated knowledge, skills, and abilities among nurse leaders (IOM, 2010; Titzer et al., 2013; Titzer & Shirey, 2013).

Throughout the industry, healthcare, and nursing succession planning literature, there exists wide variation in practice across the anecdotal evidenced-based literature, as well as a dearth of succession planning research (Carriere et al., 2009; Gordon & Overbey, 2018; Swearingen, 2009). Despite the lack of standardization, most succession plans seem to share common elements, along with a clear delineation between succession planning and replacement hiring (Gordon & Overbey, 2018). Replacement hiring is a reactive process, focused on filling an immediate need. Conversely, succession planning is a proactive and deliberate process, forecasting organizational staffing needs before they can cause leadership crisis. Specific shared succession planning elements include strategies and tactics that target identification, development, and long-term retention of talented individuals (Carriere et al., 2009; Gordon & Overbey, 2018; Titzer et al., 2013; Titzer & Shirey, 2013).

_Talent Identification_. Throughout the literature, identification of high-performing, high-potential intellectual talent was consistently observed as one of the first steps in the succession planning process. Methodologies used for calibrating talent varied from study to study. The
most commonly observed identification method was the use of an application and structured interview process for nurses meeting specific inclusion criteria (Manning, Jones, A., Jones, P. & Fernandez, 2015; Ramseur, Fuchs, Edwards, & Humphreys, 2018; Watkins et al., 2014). Manning et al. (2015) and Titzer et al. (2014) used an objective performance-based tool to help capture and identify high-performing, high-potential nurse manager talent.

Leadership Development. After identifying high-potential candidates, each study used various approaches for talent development. Regardless of the methodology, curriculum content for leadership development centered around concepts of strategic thinking, business and finance management, human resources, informatics, quality improvement, team building, communication, and conflict resolution skills (Hill, 2010; Titzer & Shirey, 2013).

Manning et al. (2015) used a gap assessment of talent, skills, and competency for each candidate, which was then used to guide ongoing candidate development, including coaching and mentoring. Titzer et al. (2014) implemented a 12-month succession planning model which focused talent development around evidenced-based leadership practices and nurse manager competencies based on the American Organization for Nursing Leadership (AONL) (formerly known as the American Organization of Nurse Executives) Nurse Manager Learning Domain (NMLD) framework (AONL, 2015; Baxter & Warshawsky, 2014). Watkins et al. (2014) utilized candidate applications and further assessment by a facilitator to determine the knowledge, skills, and abilities each candidate needed for further development.

Nurse Manager competencies based on the NMLD framework from the AONL was the most common set of competencies referred to throughout the literature (Manning et al., 2015; Titzer et al., 2014). Organizations utilized both internal and external resources for leadership development. Internal resources included development of NM residency programs, formal
mentoring and coaching, experiential learning activities, and self-reflective journaling practices. External resources included The Leadership Challenge of Kouzes and Posner (Titzer et al., 2014), as well as AONL and the American Association of Critical Care Nurses (AACN) Essentials of Nurse Manager Orientation (ENMO) online leadership course (AACN, 2004; Ramseur et al., 2018; Titzer et al., 2014).

**Talent Evaluation.** Most studies identified in the literature utilized a pre-post longitudinal study design. Manning et al. (2015) and Titzer et al. (2014) measured the success of their program through a pre-post survey regarding candidate perception of both leadership and management skill acquisition. Watkins et al. (2014) followed up with program participants one-year post-intervention and observed that participants were transitioning into nurse manager roles with greater ease, competence, and confidence.

Throughout the literature, the most commonly observed evaluation tools were the Leadership Practices Inventory (LPI), based on Kouzes and Posner’s (2012) five Leadership Domains and the Nurse Manager Skill Inventory (NMSI), based on the NMLD framework (Nurse Manager Leadership Partnership, 2006). Both assessments help to quantify the differences in participants’ leadership skills, and behaviors post-succession planning activities.

**Succession Planning and Key Performance Indicators.** The evidence-based nurse manager succession planning (NMSP) literature identified positive consequences for multiple key business metrics. Among these metrics were nurse manager leadership and management competency, organizational leadership bench strength, internal promotions, recruitment and retention, as well as return on investment (ROI).

**Leadership and Management Competency.** The literature consistently reports that strategic succession planning activities increase leadership and management competency among
participants, effectively increasing the leadership pipeline. Utilizing the Nurse Manager Skill Inventory (NMSI), Ramseur et al. (2018) found that formal succession planning implementation significantly increased participant perceived level of skill and competence in the areas of business management, people management, and reflective leadership practice. Manning et al. (2015) and Titzer et al. (2014) measured the success of their program through a pre-post survey regarding candidate perception of both leadership and management skill acquisition. Both studies yielded statistically significant increases in participant perception of both leadership and management skill level. Titzer et al. (2014) found that 100% of program participants demonstrated statistically significant increases in all leadership domains, as well as statistically significant increases in management skill and ability.

Increasing leadership and management competency provides nurse managers with greater knowledge, skills, and abilities, empowering them to function more successfully within the increasingly complex healthcare system. Better preparation and development decreases role transition stress and helps cultivate a healthy work environment (Titzer & Shirey, 2013).

Leadership Pipeline. Increasing nurse manager ability or competence through formal succession planning activities effectively increases the leadership pipeline. Increasing the pipeline of nurse leaders has multiple significant consequences, potentially serving as the most significant outcome of formal succession planning programs. Growth in the leadership pipeline means there is an internal talent pool of next-in-line leaders who have been identified and developed and are ready to step into key positions upon vacancy. A pool of high-potential candidates increases the number of internal promotions, decreases NM vacancy time, and reduces recruitment and replacement costs (Barginere et al., 2013; Hosis et al., 2012; Swearingen, 2009; Titzer & Shirey, 2013; Titzer, Shirey, & Hauck, 2014; Titzer et al., 2013).
Also, internally promoted leaders have been found to have greater success than external candidates. Leaders promoted from within the organization have been found to improve leadership continuity, role transition, as well as positively impact employee morale, organizational culture, and retention (Brunero, Kerr, & Jastrzab, 2009; Ramseur et al., 2018; Titzer et al., 2013; Titzer & Shirey, 2013).

**Recruitment and Retention.** The evidence strongly supports the use of succession planning as a useful nurse manager recruitment and retention tool. One study found that implementation of formal succession planning activities reduced turnover by 4%–24%, while strengthening the talent pool for internal promotions (Swearingen, 2009). Titzer et al. (2014) found that 100% of nurse leader program participants had been retained within the organization one-year post-program completion. In addition, 82% of participants had been internally promoted into various leadership positions throughout the enterprise.

As discussed, increasing the number of internal promotions reduces recruitment and replacement costs, while retaining high-potential talent. In addition, organizations that show a strong commitment to developing nurse leaders and maintaining a robust leadership pipeline could potentially serve as a recruitment and retention tool for driven nurse leaders interested in advancing their careers through formal leadership means.

**Cost-Benefit.** One article focused specifically on a cost-benefit analysis of a NMSP program (Phillips, Evans, Tooley, & Shirey, 2017). In comparing expected cost savings to the total program costs, a positive cost-benefit ratio of 2.5 was achieved. The findings of this article suggested that up-front investment in a formal succession planning strategy is a viable business strategy for organizations and a better economic alternative to the status quo.
Summary of Evidence. The review of evidence revealed strong implications for nursing leadership and management practice. As identified, the leadership of front-line nurse managers has a substantial impact on the nurses’ work environment, as well as measures of patient safety, quality, and overall experience (Press Ganey Associates, 2017). Nurse manager turnover could potentially lead to negative patient safety and quality outcomes (Warshawsky et al., 2013). Formal NMSP programs have been shown to increase nurse manager competency, boost leadership bench strength, increase internal promotions, positively impact recruitment and retention, as well as demonstrate a positive return on investment. These programs also help identify and develop new generations of nurse leaders throughout the organization, helping to ensure a robust pipeline of nurse leaders for the future. Based on these findings, the recommendation for nursing practice is a strong commitment to the development of current and future nurse leaders through the implementation of strategic and deliberate NMSP programs.

Rationale

Conceptual Framework. The theoretical underpinnings for the project of learning and development were guided by Patricia Benner’s (1984) classic work and conceptual model regarding skill acquisition. Benner’s novice to expert nursing theory helps explain nursing knowledge and skill acquisition based on experience over time. Her theory was originally adapted from the Dreyfus model of skill acquisition and uses five levels of proficiency. Each level of proficiency is accompanied by certain behaviors and characteristics. The five stages are: 1) novice – little to no experience; 2) advanced beginner – some experience, identifying meaningful components in situations; 3) competent – conscious and deliberate planning and begins observing long-term effects of actions; 4) proficient – anticipates needs, perceives whole
situations, and sets long term goals; and 5) expert – no reliance on rules, guidelines, or maxims with extensive and varied experiences (Benner, 1984).

Benner’s theory suggests that movement from novice to expert depends on several factors, including situation and role. Therefore, evolution along this continuum is often nonlinear and can be difficult to measure (Benner, Tanner, & Chesla, 2009). Benner’s theory is most commonly used as a clinical practice tool; however, literature suggests Benner’s theory has broader nursing relevance and can be used to evaluate leadership growth (Titzer et al., 2013; Titzer & Shirey, 2013).

Benner’s novice-to-expert theory provided a focused and organized framework for researching and identifying attributes of knowledge and skill acquisition. Benner’s theory also provided a framework for identification, development, and evaluation of nurse manager knowledge and skill acquisition.

**Change Model.** John Kotter’s (1996) eight-step change model was used to guide the implementation of this change project. These eight steps can be depicted in three broader stages of change management. The first three steps focus on creating a desirable climate for change through building urgency, teamwork, and a shared vision. The next stage emphasizes the engagement and empowerment of the organization through creating buy-in, empowering action, and generating short-term wins to build momentum. The final stage focuses on implementing and sustaining change through continuing the momentum of change and stabilizing the new norm (Kotter, 2012).

**Specific Aims**

The goal of this project was to develop, implement, and evaluate a formal succession planning program for the nurse manager role, with the intention of decreasing turnover and
filling NM positions with internal ANM candidates. The specific aim of the DNP student-led evidence-based project was to reduce external ANM turnover by 50% and fill 50% of new NM positions with internal ANM candidates by December 2019.

Section III: Methods

Context

The target population for this NMSP project was inpatient ANMs across all service lines in an academic, Magnet-designated healthcare system in the Northern California San Francisco Bay Area. All ANMs holding a full-time management position were included, as well as those assuming interim positions. Additional stakeholders included in this project were the nurse managers, nursing directors, Human Resource (HR) partners, the Center for Education and Professional Development (CEPD), the Mentorship coordinator, the Magnet Program Director (MPD), and the Chief Nursing Officer (CNO).

Support from the nurse managers and directors was essential, as they were heavily involved with all stages of the NMSP intervention. Stakeholders from HR helped facilitate many of the sessions involved throughout the talent identification and development phases of this project; therefore, a strong, cross-functional partnership with HR was essential for the success of this program. Mentor-pairing and Life-Moxie® program oversight required the assistance of the Nurse Mentorship coordinator. Lastly, the MPD and CNO provided strategic direction and oversight for the overall program.

From gap identification prior to project initiation (Appendix D), the CNO recognized the need for this project and gave full support for its development and implementation. Upon initial project initiation, socialization of the project began with all stakeholders, including NMs, ANMs, HR, the CEPD, and the mentoring program coordinator. Through both group and individual
meetings, stakeholder communication commenced with all affected parties, explaining stakeholder involvement and expectations, as well as providing an opportunity for participation in key project decisions and strategy planning. Throughout this DNP quality improvement initiative, individuals unanimously exhibited supportive enthusiasm for the project, strongly noting the need for NMSP within this organization.

**Intervention**

The purpose of this project was identified by nursing leadership to develop, implement, and evaluate a formal NMSP model within this academic medical center to prevent ANM turnover and promote current ANMs to new NM positions. The project involved best practices identified in the literature, including methods for talent identification, talent development, and talent evaluation. Project details were demonstrated through various project management tools, including a gap analysis, SWOT analysis, Gantt chart, work breakdown structure, communication plan, and proposed budget.

**Gap Analysis.** Evidence-based strategies identified in the literature were utilized to execute an organizational gap analysis (Appendix D). Antecedents to succession planning provided the organizational attributes necessary for successful implementation of a NMSP model with positive organizational consequences. These evidence-based attributes were compared against the organization’s current-state environment. The identified gaps helped provide next steps and key deliverables essential for program launch and implementation. Key deliverables to bridge the gaps included gaining CNO support and buy-in for project; formally adding nurse manager succession planning to the Nursing Strategic Plan; identifying leadership and management competencies; performing a leadership workforce gap analysis; determining processes for ANM talent identification, calibration, and evaluation; and performing a crosswalk
of current internal resources with nurse manager competencies to determine additional leadership development needs.

**SWOT Analysis.** A SWOT analysis (Appendix E) was used to help understand the internal strengths and weaknesses of the organization, as well as identify external opportunities and threats. The SWOT analysis helped identify critical elements needed to meet the project requirements, as well as develop a sound strategy for project execution.

**Strengths.** The practicum site has an established and respected reputation for excellence and innovation. The organization has been awarded Magnet recognition three times for nursing excellence and was named to the top 10 on the U.S. News & World Report’s Honor Roll of the best hospitals in the nation for 2017-2018, along with rankings in 13 specialty areas: Cancer, Cardiology/Heart surgery, Ear, Nose & Throat, Gastroenterology, Geriatrics, Gynecology, Nephrology, Neurology/Neurosurgery, Orthopedics, Psychiatry, Pulmonology, Rheumatology, Urology (U.S. News & World Report, 2018). Other notable recognitions include: Joint Commission Certified Advanced Comprehensive Stroke Designation; Comprehensive Cancer Center designated by the National Cancer Institute; Primary Vascular Access Device Center of Excellence; “Most Wired” Designation by Hospitals magazine; early recipient of the Healthcare Information and Management Systems Society (HIMSS) Stage 7 Hospital Distinction; and Senior Friendly Exemplar Designation from Nurses Improving Care for Healthsystem Elders (NICHE) (Stanford Health Care, 2018).

In addition to having a strong reputation for clinical excellence, this organization also has strong internal support and resources. The hospital’s Board of Directors, Chief Nursing Officer and Chief Human Resources Officer all recognize the value and are strong supporters in favor of succession planning efforts across the enterprise. In addition, there exist many internal
resources, such as a new online mentoring platform, existing CEPD, and HR Leadership Development Training Classes. These internal resources can all be utilized and leveraged toward MNSP efforts.

**Weaknesses.** The organization’s weaknesses include a dwindling talent pool of ANM’s due to increased turnover either to external promotion to outside competing organizations or internal transitions outside the nurse manager role. Prior to this project gap assessment, the organization lacked awareness of this growing problem. While the organization is rich in internal resources, including professional development opportunities, a lack of structure and cohesion exists across the enterprise regarding these resources. Without specified leadership competencies, clear cohesive structure, and defined internal processes, much variation exists in leadership and management practice across the enterprise.

**Opportunities.** The *Future of Nursing: Leading Change, Advancing Health* Institute of Medicine (IOM) report has called nurses to prepare for and assume key leadership positions that can help lead complex change and advance health systems (IOM, 2010). As organizations strive to fulfill this mission, new opportunities are arising for nurse leaders. Along the same line, this practicum site is increasing bed capacity through the construction of a new inpatient tower, emergency department, and interventional platform due to open in Fall 2019. With the expansion and opening of this new hospital, more job opportunities will be opening, including 12 nurse manager positions.

Finally, professional organizations such as the Association of California Nurse Leaders (ACNL), the American Nurses Association (ANA), the American Organization for Nursing Leadership (AONL), and AACN, Association of periOperative Registered Nurses (AORN) offer a wide variety of commercial resources for leadership development and competency evaluation.
These resources increase access to valid and reliable opportunities for learning and professional growth, as well as open new opportunities for organizations looking to implement a NMSP model.

**Threats.** Lastly, threats to the organization include increasing complexity and responsibility of the nurse manager role. In a qualitative descriptive study, (Shirey et al., 2010) found that the performance expectations for NM in acute-care settings were often unrealistic. These heightened expectations have been found to increase job stress and overwhelm, compromising nurse manager and practice environment well-being. In a similar article, the Advisory Board (2015) found that many NMs were performing their roles at “tremendous personal expense” (p. 15). Concurrently, this article cited younger generations voicing a negative perception of and a disinterest in the NM role as it appears overly challenging with little reward.

The increasing cost-of-living in the Northern California San Francisco Bay Area poses threat to the organization, causing many nurse managers to relocate further away from the hospital location. These increasing commute times add more stress to an already demanding work schedule. To complicate matters, a recent LinkedIn Workforce Report (2018) analyzing skills gaps in the San Francisco Bay Area found Healthcare Management skills were the scarcest skill set in the Bay Area – scarcity indicates demand exceeds supply.

Competition is another threat to the inpatient NM role. A few NMs have already transitioned to clinic manager roles. There are many more that have voiced interest in clinic roles. Many inpatient NMs see clinic manager roles as having less stress with decreased demands, and no on-call expectations, or around-the-clock obligations. Competition also exists with other attractive Bay Area hospitals that possess competing salaries and employee benefits.
**Work Breakdown Structure.** A Work Breakdown Structure (Appendix F) was used to break the project into various phases of its life cycle: assessment, planning, development, implementation, and evaluation. The organizational gap assessment, or gap analysis as described previously, helped identify current capabilities and readiness, as well as barriers and needs.

**Assessment, Design, and Development.** The organizational gap analysis allowed for more focused planning and program design. In the planning and development phases, project infrastructure elements, tools, and material were all selected and developed. This included NM competencies, leadership development training and materials, documentation tools, and evaluation instruments. The AONL evidence-based NM Competencies (2015) (Appendix G) and corresponding Nurse Manager Skills Inventory (NMSI), a 5-point Likert scale tool (NMLP, 2006) (Appendix H) were selected for use in the program. The competency construct is focused around the science of managing the business, the art of leading the people, and creating the leader within. The science of managing the business, the art of leading the people, and creating the leader within.

A 9-box evaluation grid (Appendix I) was selected for talent assessment and calibration purposes, as this best-practice tool aligns with the organization-wide talent management strategy owned by the human resources department. The 9-box grid is a tool that helps evaluate an individual’s current performance and level of potential (Society for Human Resource Management, 2018). In this grid, the vertical columns indicate growth potential, and the horizontal rows indicate level of performance. The use of this grid helps assess an individual’s current standing, as well as what areas of development that may be needed to move forward (SHRM, 2018).
Documentation tools included the use of talent profiles (Appendix J) and leadership bench strength. Talent profiles were used to document each candidates risk and impact of loss to the organization, as well as their key contributions, strengths and unique abilities, areas for further development, and overall 9-box ranking. Leadership bench strength is determined by the number of high-performing, high-potential (Hi-Po) ANM leaders identified using the 9-box grid. As candidates grow and develop, they tend to move higher up in the grid, effectively increasing leadership bench strength.

The proposed leadership development program employs both internal and external resources. Internal resources include leadership development workshops hosted by HR and the CEPD. These internal leadership development courses focus on building and reinforcing leadership and management practices that align with the organization’s operating framework and guiding principles.

The Association of California Nurse Leaders (ACNL) (2019), “Foundations for Leadership Excellence” course (Appendix K) will be used to focus on nurse leader-specific development. The ACNL program is a five-day intensive program centered around education and development of AONL-aligned leadership and management competencies and gives ANMs a chance to increase their network and knowledge of professional issues impacting the profession across the state of California and beyond.

**Implementation and Evaluation.** Step one of project implementation began with the DNP student presenting an initial introduction and orientation to the NMSP project to all inpatient NMs during their weekly management meeting. The talent assessment and calibration process was explained and outlined during this presentation (Appendix L). During this presentation, all inpatient NMs were educated on use of the 9-box grid and how to objectively
assess each ANM based on performance, potential, readiness, and fit. Following the NM meeting, a follow up email was sent out by the HR Executive Director with a link to a Survey Monkey® used to collect responses to each ANM 9-box assessment (Appendix M). The NMs were given two weeks to complete assessments for each of their ANMs. After the 9-box assessments were filled out and collected through Survey Monkey, talent profiles were built for each ANM based on information from each 9-box assessment.

The second step included a talent calibration session held in late September 2018. The talent calibration session was facilitated by the Executive Director of HR and DNP student. The session provided managers with an opportunity to discuss each 9-box talent assessment, ask questions, adjust or validate assessment decisions, and focus on next-steps for ANM development needs. The first portion of the calibration session involved each NM presenting and reviewing the 9-box assessments for each ANM to a room of their peers, directors, and the Chief Nursing Officer. After each candidate was presented, fellow meeting participants were allowed to ask questions and share perspectives for each candidate. This process allowed NMs to either adjust or validate the original 9-box assessment. The talent calibration session gave NMs and directors an opportunity to gain insights into the attributes, impact, and development needs of each ANM candidate, as well as who are the top high-performing, high-potential candidates ready for the next step. These candidates were coined “Hi-Po” candidates—short for high-performing, high-potential candidates.

The second portion of the calibration session focused on next-steps, such as identifying a next-in-line leader for emergency succession planning, developing growth plans for each ANM, and identifying which leaders may be over- or under-leveraged. Emergency succession planning
refers to procedure for the appointment of an acting leader in the event of a sudden and unexpected absence.

A follow-up email was sent post-calibration, thanking NMs for their time, providing reinforcement for next-steps, as well as resources for ANM development plans. A debriefing of the event was held with the HR Executive partner, the DNP student, and directors. Feedback from the session was positive. A plan was discussed to engage and formally develop Hi-Po ANM candidates. Five spots were financially secured for Hi-Po candidates to undergo a formal leadership development program. These individuals were selected based on discussion among the oversight team and were formally invited to participate in the program (Appendix N).

Prior to attending the formal leadership development program, each Hi-Po candidate took the Nurse Manager Skills Inventory (NMSI) to reassess personal perceptions of competency. Upon completion of the NMSI, each candidate was paired with a mentor and enrolled in the organizations formal mentoring program. From there, all five candidates attended a five-day ACNL “Foundations for Leadership Excellence” course that was held in November 2018. Financial support was secured from the CNO for course attendance and travel expenses. Following the ACNL course, monthly HR and CEPD leadership courses (Appendix O) were selected, plotted out, and spaces secured for Hi-Po candidates to attend. Courses include: Leading With Heart: Caritas Leadership Caring & Leading Self and Others, Your Leadership Journey, Crucial Conversations, Crucial Accountability, and Situational Leadership. An additional business and finance course was developed by the oversight team and included curriculum based on organization- and department-specific business and finance training. Following completion of the formal leadership development program, each candidate reassessed their own personal perceptions of competency through taking the NMSI again in April.
**GANTT Chart.** A Gantt chart, depicted in Appendix P, provides a clear overview of the project timeline, including a summary of elements involved in the project and key reference points for important milestones and deliverables. The timeframe for this project was May 2018 to August 2019. The Gantt chart follows the project phases outlined in the Work Breakdown Structure, including: assessment, planning, development, implementation, and evaluation. Within each of these phases fall specific tasks or deliverables, such as analyzing workforce analytics, identifying competencies, developing tools and materials, implementing each key step of the NMSP project, as well as evaluating project effectiveness through various means.

The Gantt chart illustrates the start and finish dates of the terminal and summary elements of this project and provided ongoing clarity for the oversight team regarding progress on the improvement project. Examples of the milestones include developing a proposal, identifying the data needs, and conducting a literature review and gap analysis.

**Responsibility/Communication Plan.** The communication plan for this project included frequent meetings with the NMSP oversight team. Additional stakeholders, such as directors, NMs, or ANMs were pulled into meeting on an ad hoc basis. These meetings facilitated the completion of the organizational gap analysis, SWOT analysis, as well as program design, implementation, and evaluation. Additional bi-monthly meetings were held with Chief Nursing Officer and Magnet Program Director. Frequent check-ins allowed for timely and efficient progress and have been illustrated in Appendix Q.

**Budget.** Program implementation costs (Appendix R) included resources utilized for the leadership development program, as well as the leadership participants’ salaries. The proposed leadership development program employs both internal and external resources. Internal leadership development workshops hosted by HR and the CEPD have program offerings already
in existence, with course attendance at no cost to the program. The Association of California Nurse Leaders (ACNL), “Foundations for Leadership Excellence” course is being utilized to target specific nurse manager competencies. This program is a five-day intensive program focused on education and development of AONL-aligned leadership and management competencies. Please see Appendix for a cost-breakdown of ACNL course per participant.

Salary costs include 40-hours for attendance to the ACNL leadership development course and 32 hours in internal monthly development workshops. No additional costs are incurred for the use of the organization’s subscription to the mentoring platform or the use of the NMSI tool. Lastly, program development and implementation are being facilitated by a Doctor of Nursing Practice student, whose time and salary have been calculated into project expenses.

While there are significant expenses associated with a formal NMSP program, it is important to view this through a lens of retention-related cost savings. The potential savings of retaining only one additional ANM at an academic medical center in the San Francisco Bay Area would save the organization roughly $250,000, according to our internal Human Resources experts and as referenced in Appendix R. Therefore, if the organization can increase the retention rate by one ANM, the cost of NMSP-related expenses would be deemed a positive return on investment.

**Study of the Interventions**

Comprehensive NMSP project evaluation and outcome measures were improved ANM retention and internal promotions to the nurse manager role, as well as improved candidate perceptions of leadership and management skill competency post leadership development program using a valid and reliable tool.
Assistant Nurse Manager retention and internal promotions to the NM role were manually tracked from September 2018 to August 2019, with the help of the nursing directors. Because all inpatient ANMs across all service lines were included in the initial talent calibration session, retention and promotion data were collected for all corresponding ANMs.

The five Hi-Po ANMs that attended the formal leadership development program engaged in a pre- and post-NMSI survey to assess self-perceptions of leadership and management competency post leadership development program. The NMSI assessed leadership and management competency in a 67-item survey divided into three main categories: the science of managing the business, the art of leading the people, and creating the leader within. The NMSI was developed as a tool for providing a career pathway, as well as identifying high-potential nurse leaders and has been used and accepted throughout the nursing literature as a valid NM competency evaluation tool. Each category provides content specific competency statements, allowing participants to rate their self-perceived skill level using a novice-to-expert scale. The NMSI was built in Survey Monkey® and each candidate was given two weeks to complete the survey—both pre- and post-intervention.

The five Hi-Po ANMs also gave feedback on overall satisfaction with the formal leadership development program. Feedback was collected using the organization’s standardized evaluation tool illustrated in Appendix M. An expert in this practicum site’s Office of Research was consulted to review the validity of outcomes, assuring that measures accurately represented the phenomenon under study.

Analysis

Data analysis decisions were discussed with the NMSP oversight committee, CNO, and DNP program advisor. Quantitative data from the pre-and post-NMSI was captured through the
use of Survey Monkey. Microsoft Excel was utilized to document and compare the pre-and post-survey data and a descriptive comparison was used to evaluate the results. In addition to survey data, Human Resources aided in calculating quantitative turnover results. Lastly, qualitative data in the form of overall satisfaction with the formal leadership development program was captured using the organization’s standardized evaluation tool illustrated in Appendix M. In addition, anecdotal feedback was collected from NMs and nurse directors as it related to the talent identification and calibration process.

**Ethical Considerations**

The USF DNP department determined that this project met the guidelines for an evidence-based change in practice project as outlined in the DNP project checklist and was approved as nonresearch. There are no identifiable issues or conflicts of interests noted for this project. The DNP Statement of Non-Research Determination form is included in Appendix S.

SurveyMonkey software allowed for individual anonymous data collection and participant confidentiality, while producing aggregate results. Consent information, purpose of the project, and how data will be handled was provided to survey participants prior to pre-post survey administration. Additionally, participants were informed that participation is voluntary.

The American Nurses Association Code of Ethics (2015) states that the profession of nursing has an ethical obligation to maintain the integrity of nursing practice in all roles and in all settings, maintaining role competence and pursuing personal and professional growth. Increasing nurse manager ability through knowledge and skill acquisition aligns with these ethical obligations. It also aligns with Jesuit values (University of San Francisco, 2015), particularly the value of educating and inspiring agents of positive change.
Section IV: Results

Project Evolution

The purpose of this project was to develop, implement, and evaluate a formal NMSP model with the goal of decreasing external ANM turnover and increasing internal promotion to the NM role. A total of 42 ANMs were calibrated during the initial phase of this DNP project implementation. Post-talent-calibration, 14 ANMs were determined to meet the criteria of high-performing, high-potential candidacy. The initial plan was to send all 14 candidates to a formal leadership development program; however, at that time, only five spots were secured at the ANCL “Foundations for Leadership Excellence” course. Based on this, as well as timing with the 2018 holiday season, the determination was made by the NMSP oversight committee, CNO, and DNP program advisor to send only five candidates through formal leadership development training, but the remaining nine underwent the internal NM development process. Each operational director was asked to nominate one or two ANMs to attend. A total of five ANMs were selected, pre-surveyed, sent through formal leadership development, and post-surveyed in the scope of this DNP project.

Outcomes

Turnover and Promotions. During this DNP improvement project, ANM external turnover fell from 18% to 0%, indicating a significant decrease in ANM turnover. In addition to decreased ANM turnover, four of the five formal leadership program participants were promoted to the role of the nurse manager. The one candidate that was not promoted within this cohort was rated as a high potential, high performing ANM; however, this ANM has only been in the ANM role for less than a year and her managing director feels that she needs more time in the ANM role before formal promotion to NM. Overall, from project initiation to project
completion, 14 internal ANMs were promoted to the role of the NM during this intervention period.

**NM Competency.** Post-leadership development training, results from the NMSI descriptive analysis indicated that the participants’ (n= 5) post-program perceptions of self-competence was significantly greater than pre-intervention (n= 5) (See Appendix T). Pre-NMSP program, between 20-65% of Hi-Po ANM candidates rated themselves “novice,” depending on the domain of practice. Post-NMSP, between 60-80% of the ANMs perceived themselves to be either proficient or expert, depending on the domain of practice. For graphic depiction of these survey results, please see Appendix T.

**Program Evaluation.** All five Hi-Po ANMs completed an overall program evaluation survey (Appendix U). All participants ranked multiple elements of the leadership development program as “strongly agree” or “agree”, including that the program “met my expectations”; “increased my leadership and management competency”; and “helped to clarify my potential career pathway and/or future leadership role.” For a graphic representation of the findings, please see Appendix U.

**Section V: Discussion**

**Summary**

The aim of this DNP-led evidence-based project was to develop, implement, and evaluate a formal succession planning program for the nurse manager role, with the intention of decreasing turnover and filling NM positions with internal ANM candidates. The project involved the implementation of best practices identified in the literature, including methods for talent identification, talent development, and talent evaluation. The project's aim was executed and achieved. Comprehensive NMSP program evaluation showed significant increases in ANM
retention and internal promotions to the nurse manager role, as well as improved candidate perceptions of leadership and management competency post-leadership development program.

**Lessons Learned.** During project development and implementation, a great deal of time and resources were invested in the discussion and decision regarding the formal infrastructure and process of leadership development training. Interestingly, upon project review and evaluation, one could argue that the most beneficial part of this project was creation of individualized developmental plans following the initial talent identification and calibration phase due to the fact that all 14 original Hi-Po candidates were internally hired to the NM role, regardless of ACNL formal leadership development training.

**Implications for Nursing Practice.** The increased retention and internal promotion outcomes of this DNP-led evidence-based project suggest that formal and deliberate succession planning has implications for preparing future NMs. Considering these project outcomes, proactively identifying and developing high-potential human capital may help to ensure an adequate leadership pipeline, improving leadership continuity, healthy work environments, and improved patient outcomes. Additional research is warranted for helping to understand the specific tactics needed for successful talent identification, talent development, and talent evaluation and their associated outcomes.

**Dissemination Plan.** These findings have been formally reported to the NMSP oversight committee, CNO, and DNP program advisor. Report findings will also be disseminated at a monthly nursing leadership forum that consists of all ANMs, NMs, Nurse Directors, and CNO. Lastly, this DNP project, including development, implementation, and evaluation, will be disseminated among DNP peers during a formal presentation at the University of San Francisco, and this final paper uploaded to the USF online Scholarship Repository. This institutional
repository is used to digitally collect, preserve and provide electronic access to scholarly works and research from the USF community. Furthermore, plans are currently in place to submit this work for publication to a peer-reviewed nursing journal, as well as an abstract submission to the ANCC Magnet Conference.

**Interpretation**

The DNP project was guided by best practices identified in the review of literature, in combination with organizational best practices in training and leadership development. The observed outcomes from this work support the findings from prior publications. In this practicum site, implementation of a formal nurse manager succession planning program significantly decreased turnover, which led to positive ramifications for the return on investment. In addition to decreasing turnover, another consequence of this NMSP program was increased internal promotions over a 12-month period. In fact, all 12 nurse managers needed for hospital opening were internally hired from the ANM talent pool, indicating deep leadership bench strength. Among the five participants in the leadership development portion of the program, participant perceptions of leadership and management competency was positively impacted. Lastly, existence of a formal structure and process for NMSP with associated empirical outcomes, decreases risk for one major component of Magnet Re-designation in 2020.

**Limitations**

The most significant limitation for project implementation was the lack of clear leadership structure in this organization at the time of project planning and implementation. While the CNO approved and was in full support of this NMSP program, the organization was without an Associate CNO (ACNO) for inpatient services for over a year. Therefore, tactical support and direction was initially lacking, and political navigation was challenging. A new
inpatient ACNO was announced mid-project implementation. After gaining the ACNO’s support, barriers were alleviated, greater clarity was reached for project direction, and greater emphasis was placed on this important organizational investment.

The measurement of NM competency was limited by having only the ANM’s complete a self-competency survey – this is ultimately subjective. In Benner’s work, the acquisition of knowledge and skill exists on a continuum (Altmann, 2007). Benner does not propose exact transition points, which makes determining the achievement of an exact stage difficult. In addition, nurses can achieve different levels in each proficiency level (Altmann, 2007). Having the ANM’s manager complete the same survey, rating the ANM in his/her specific role and then reconciling differences may have strengthened the NM competency results, as well as the overall experience for the ANM. This represents an opportunity for future NMSP work.

Time constraints were another limitation for project implementation. With the new hospital transition quickly approaching, the need for additional NMs created a great deal of pressure for program launch. Furthermore, the organization’s Magnet re-designation is dependent on having a formal NMSP program with empirical outcomes, adding more stress and pressure to the project timeline. Additional complications ensued due to the timing of leadership development course offerings. Program initiation took place just before the holiday seasons in 2018, and with a lack of options in the commercial leadership development program schedule, this created an even greater time crunch. These three factors have all been greatly complicated by the lack of leadership structure and support.

Lastly, because this DNP project was a non-research EBP vs quality improvement study, results lack statistical significance, as well as the ability to generalize across other practice settings. Future studies would benefit from adding supervisor perception of competency
following NMSP, increasing the sample size and potentially having a control group for comparison.

**Conclusions**

The increased retention and internal promotion outcomes of this DNP-led evidence-based project suggest that formal and deliberate succession planning, along with individualized developmental plans has implications for preparing future NMs. Considering these project outcomes, proactively identifying and developing high-potential human capital may help to ensure an adequate leadership pipeline, improving leadership continuity, healthy work environments, and improved patient outcomes. Plans exist within this practicum site to continue the NMSP program annually, as well as publish and present this work locally and nationally.

As health care organizations are challenged to do more with less, a critical factor for success will be the efficient use and retention of a talented nursing workforce that positively contributes to clinical and operational excellence. Nurse managers play a pivotal role in creating healthy work environments that increase nursing staff engagement, leading to higher quality care and greater financial stewardship. Formal NMSP programs have been shown to increase nurse manager competency, boost leadership bench strength, increase internal promotions, positively impact recruitment and retention, as well as demonstrate a positive return on investment. With impending nurse manager capacity needs and Magnet re-designation on the horizon, organizations will greatly benefit from a strategic and deliberate succession planning program to ensure a smooth transition of highly competent nurse leaders for the future.
Section VI: Other Information

Funding

Financial support was secured from the CNO for ANCL course attendance and travel expenses. There was no external funding sources affiliated with this evidence-based quality improvement project. All other resources and time associated with the investigation, development, implementation, and evaluation were included in the current pay structure and process.
Section VII: References


https://doi.org/10.5172/conu.2007.25.1-2.114


https://doi.org/10.3912/OJIN.Vol15No03PPT03


https://doi.org/10.1097/NNA.0b013e3181cb9f88


University of San Francisco. (2015, May 4). Who we are [Text]. Retrieved December 10, 2018, from University of San Francisco website: https://www.usfca.edu/about-usf/who-we-are/vision-mission


Appendix A

Letter of Support from Organization

USF School of Nursing and Health Professions
2130 Fulton St.
San Francisco, CA 94117
(415) 422-6681
nursing@usfca.edu
September 19, 2018

To whom it may concern:

This is a letter of support for Katie Stephens. We give her permission to implement her DNP Comprehensive Project at Stanford Health Care and present her work in future presentations and publications.

Sincerely,

[Signature]

Dale E. Beatty, DNP, RN, NEA-BC
Chief Nursing Officer – Vice President Patient Care Services
Stanford Health Care
300 Pasteur Drive, Stanford CA 94305
O: 650.723.5537  I: 847.772.9552
dbeatty@stanfordhealthcare.org
Appendix B

Evaluation Table

<table>
<thead>
<tr>
<th>Citation</th>
<th>Design/Method</th>
<th>Sample/Setting</th>
<th>Variables Studied and the Definitions</th>
<th>Measurement</th>
<th>Data Analysis</th>
<th>Findings</th>
<th>Appraisal: Worth to Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barginere C, Franco S, &amp; Wallace L. (2013).</td>
<td>Non-experimental, longitudinal study</td>
<td>Nurse Managers employed at Rush University Medical Center, a 667-bed academic medical center providing tertiary care to adults and children</td>
<td>Nurse manager self-assessment and the director assessment, including strengths and opportunities</td>
<td>(1) % of vacancies in nurse manager positions filled internally, (2) Time-to-fill positions (3) perception of career growth that is supported by their manager, (4) perception of available development opportunities, and (5) the % of actively engaged nurse managers</td>
<td>Discussed plans for future analysis, but none described at the time of writing the article</td>
<td>Key component of succession planning is a sustainable leadership development program. As key talent is identified, it is imperative that learning and growth opportunities for these individuals are readily available.</td>
<td>Critical Appraisal Tool &amp; Rating: JHNEBP III/C</td>
</tr>
<tr>
<td>Brunero, S., Kerr, S., &amp; Jastrzab, G. (2009).</td>
<td>Qualitative</td>
<td>559-bed metropolitan, tertiary referral teaching hospital 25 nurses participated in the program of (44 applicants)</td>
<td>SP model evaluated from a customer satisfaction, program progress, effective placement and organizational results perspectives.</td>
<td>Nurses who were successful in obtaining a new role were surveyed after six weeks in the position</td>
<td>Descriptive statistics, including numbers of placements and types of positions filled, were recorded. A checklist for conducting a programme evaluation of succession planning was also used.</td>
<td>Over the study period, 19 Nursing Unit Manager positions were replaced, one Clinical Nurse Educator role, six Clinical Nurse Consultants and five Nurse Educator Roles (n = 31). There were 19 nurses who applied but were not interviewed, reasons for this include:</td>
<td>Critical Appraisal Tool &amp; Rating: JHNEBP III/B</td>
</tr>
<tr>
<td>Citation</td>
<td>Design/Method</td>
<td>Sample/Setting</td>
<td>Variables Studied and the Definitions</td>
<td>Measurement</td>
<td>Data Analysis</td>
<td>Findings</td>
<td>Appraisal: Worth to Practice</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------</td>
<td>----------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Carriere, B. K., Muise, M., Cummings, G., &amp; Newburn-Cook, C. (2009)</td>
<td>Systematic Review</td>
<td>Twelve online databases were searched using separate searches for the time period of 1998-2008. From a total of 1,419 titles and abstracts reviewed, 122 met the inclusion criteria for healthcare succession planning.</td>
<td>Keywords: Succession planning and succession management</td>
<td>Eighteen articles were specific to business succession planning. Succession planning was selected separately, with five used for comparison with healthcare succession planning frameworks.</td>
<td>The healthcare succession planning models were comparable with the selected business succession planning models, which all recommended planning, recognizing the importance of clarifying expectations and future needs, and identifying future leaders as imperative steps in succession planning.</td>
<td>The study finds that “although there is a body of literature on succession planning in healthcare organizations, the lack of a best-practices succession planning framework may be due to inconsistently defined concepts, leading to potential confusion and lack of concept clarity.” The study further argues how these findings are not conducive to best practices and may lead to inconsistent implementation of succession planning.</td>
<td>Critical Appraisal Tool &amp; Rating: JHNEBP IV/A</td>
</tr>
<tr>
<td>Hill, K. (2010).</td>
<td>Expert opinion</td>
<td>Sample not well defined.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>The author presented five vehicles to increase the retention of the?. These vehicles include.</td>
<td>Critical Appraisal Tool &amp; Rating: JHNEBP V/S</td>
</tr>
</tbody>
</table>
**Citation**

**Design/Method**
Mixed-methods - Sequential explanatory research design

**Sample/Setting**
Study was conducted across seven Saudi Arabian hospitals with different approaches to succession planning. Survey distributed to 449 front-line and middle nursing managers. 245 (55%) questionnaires returned. The total # of Saudi respondents was 11 and expatriates were 234 from more than 50 countries.

**Variables Studied and the Definitions**
Part One - Demographic information
Part Two - 24 items were ranked and analyzed to determine the perceived role of succession planning at the participants’ organizations
Part Three of the questionnaire was designed to examine managerial competencies
Part Four of the questionnaire open-ended questions.

**Measurement**
The first phase was a survey, which explored demographics, organizational succession planning, the importance of competencies in the development of nurse managers and the use of open-ended questions to elicit qualitative information. The focus of the second phase was qualitative and explored the themes of management styles and quality, the development of managers, organizational issues

**Data Analysis**
Data analysis for Phase One was conducted in four parts. In the first three parts, quantitative analysis (closed-ended) and statistical tests were used. In part Four, the participant's views (open-ended) were coded and analyzed. For Phase Two, qualitative thematic analysis was conducted based on Braun and Clarks’ six phases of thematic analysis.

**Findings**
Although effective succession planning is built on the framework of solid organizational vision and policy, this was not reflected in practice in the Saudi Arabian hospitals in this study.

**Appraisal: Worth to Practice**
Critical Appraisal Tool & Rating: JHNEBP III/A
<table>
<thead>
<tr>
<th>Citation</th>
<th>Design/Method</th>
<th>Sample/Setting</th>
<th>Variables Studied and the Definitions</th>
<th>Measurement</th>
<th>Data Analysis</th>
<th>Findings</th>
<th>Appraisal: Worth to Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kim, T. H. (2012).</td>
<td>Non-experimental, longitudinal study</td>
<td>A 2,068 sample of short-term general, acute care hospitals.</td>
<td>1,501 hospitals (72.6%) had succession planning, while the remaining 567 hospitals (27.4%) did not. Characteristics of hospitals with and without leadership succession planning were revealed to be quite different.</td>
<td>2008 AHA Annual Survey data - identified hospitals with and without succession planning, well as other hospital characteristics.</td>
<td>Hospitals with succession planning were now Joint Commission (73.2% vs. 39.0%), members of Council of Teaching Hospitals (COTH) (8.8% vs. 3.7%), and bigger in terms of bed size (202 vs. 104). In addition, hospitals with succession planning were more likely than hospitals without succession planning to be members of multi-hospital systems (62.0% vs. 35.2%) or networks (40.7% vs. 30.9%), accredited by the???.</td>
<td>• Effective succession planning is an essential business strategy, because it enhancing the ability to achieve orderly transitions and maintain productivity levels. • The results of this study are consistent with previous studies that exhibit a positive association of previous years’ performance with internal succession planning. • The key to successful succession planning lies in building a solid foundation of profitability. • Having successors</td>
<td>Critical Appraisal Tool &amp; Rating: JHNEBP III/B</td>
</tr>
<tr>
<td>Citation</td>
<td>Design/Method</td>
<td>Sample/Setting</td>
<td>Variables Studied and the Definitions</td>
<td>Measurement</td>
<td>Data Analysis</td>
<td>Findings</td>
<td>Appraisal: Worth to Practice</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------------------------</td>
<td>----------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Manning, Jones, A., Jones, P., &amp; Fernandez, (2015)</td>
<td>Non-experimental, longitudinal study</td>
<td>Registered Nurses working at a 650-bed tertiary institution in Sydney, Australia</td>
<td>Ability to undertake key managerial tasks, perception of their leadership characteristics, and satisfaction with the program. Cost-benefit of the program</td>
<td>Leadership Practice Inventory assessed self-rated leadership characteristics -10-point Likert scale before beginning the succession planning program and at six months after conclusion</td>
<td>SPSS version 17. Descriptive analyses Differences between baseline and follow-up were analyzed using Student t tests.</td>
<td>Significant differences from baseline to follow-up ($P &lt; .05$) were observed in all three areas (management, leadership and satisfaction).</td>
<td>Critical Appraisal Tool &amp; Rating: JHNEBP III/B</td>
</tr>
<tr>
<td>Phillips, T., Evans, J. L., Tooley, S., &amp; Shirey, M. R. (2018).</td>
<td>Cost-Benefit Analysis</td>
<td>25 Nurse Managers in a 500-bed, acute care hospital</td>
<td>Average nurse manager annual salary, replacement costs (include advertising, recruiting, travel and relocation), turnover rate, Educational materials, assessment tool, program cost, effect on service</td>
<td>Compared the costs of a formal nurse manager succession planning strategy with the absence of a program and found a positive cost-benefit ratio.</td>
<td>Cost-Benefit Analysis comparing the costs of a formal nurse manager succession planning strategy with the status quo.</td>
<td>Analysis indicates that succession planning can effectively reduce replacement costs and time to transition into the new role. The researchers advocate for using a cost-benefit analysis to collect evidence for the benefits of succession planning as a viable business strategy.</td>
<td>Critical Appraisal Tool &amp; Rating: JHNEBP III/C</td>
</tr>
<tr>
<td>Ramseur, P., Fuchs, M. A., Edwards, P., &amp; Humphreys, J. (2018).</td>
<td>Non-experimental, longitudinal study</td>
<td>A large academic health system in the southeastern United States; clinical nurse 3 (CNIII), clinical nurse 4 (CNIV), clinical team leads (CTLs), and surgical team leads (STLs)</td>
<td>???</td>
<td>Pre-post nursing leadership competency assessment program - Essentials of Nurse Manager Orientation (ENMO)</td>
<td>Nursing leadership competencies assessed by the NM Inventory Tool. The responses were ordinal based using the following scale: no experience = 0, novice = 1, competent = 2, expert = 3. The median of each</td>
<td>Results revealed a statistically significant increase in reports of perceived competence by the participants on all 3 subscales from pre-intervention to post-intervention</td>
<td>Critical Appraisal Tool &amp; Rating: JHNEBP III/C</td>
</tr>
<tr>
<td>Citation</td>
<td>Design/Method</td>
<td>Sample/Setting</td>
<td>Variables Studied and the Definitions</td>
<td>Measurement</td>
<td>Data Analysis</td>
<td>Findings</td>
<td>Appraisal: Worth to Practice</td>
</tr>
<tr>
<td>----------</td>
<td>---------------</td>
<td>----------------</td>
<td>--------------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Titzer, J. L., &amp; Shirey, M. R. (2013).</td>
<td>Literature Review – Concept Analysis</td>
<td>Cumulative Index to Nursing and Allied Health Literature, ProQuest, Business Source Premier, and Health Business databases</td>
<td>57 literature sources found in the database searches were analyzed for inclusion criteria; 34 articles and three books were found to meet the inclusion criteria—then articles were classified as empirical, literature reviews, case studies, or anecdotal literature, and were separated according to nursing, healthcare, or business succession planning categories</td>
<td>N/A</td>
<td>Walker and Avant (2005) concept analysis methodology</td>
<td>Critical attributes, antecedents, consequences, and empirical referents relative to nurse manager succession planning provide a replicable framework for developing and implementing such programs</td>
<td>JHNEBP III/C</td>
</tr>
<tr>
<td>Titzer, J., Phillips, T., Tooley, S., Hall, N., &amp; Shirey, M. (2013).</td>
<td>Literature Review</td>
<td>Search terms: Succession planning Succession management Leadership development</td>
<td>Cumulative Index to Nursing and Allied Health Literature, ProQuest, Business Source Premier,</td>
<td>N/A</td>
<td>Of the 156 initial articles, 13 articles met the criteria. Each article was assigned a</td>
<td>Succession planning is recommended as a sound business strategy allowing organizations to manage environmental</td>
<td>JHNEBP III/B</td>
</tr>
<tr>
<td>Citation</td>
<td>Design/ Method</td>
<td>Sample/ Setting</td>
<td>Variables Studied and the Definitions</td>
<td>Measurement</td>
<td>Data Analysis</td>
<td>Findings</td>
<td>Appraisal: Worth to Practice</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------</td>
<td>------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>-------------</td>
<td>---------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Titzer, Shirey, &amp; Hauck, 2014</td>
<td>Quasi-experimental, mixed-methods design</td>
<td><strong>Sample</strong>: 12 Nurse Managers selected using an objective selection method. Midlevel Nurse Managers with 24-hour human resource, fiscal, quality, and patient care responsibilities for at least one department or nursing unit in a hospital environment.</td>
<td>Objective measures of the program’s success included the # of internal promotions from the NMSP leadership pool.</td>
<td>Learning and growth outcome data collected from the LPI and NMSI surveys using SPSS 19. Changes between the pre- and post-program scores on the LPI and NMSI were evaluated using the Wilcoxon signed rank test.</td>
<td>Results from the NMSI data analysis indicated that the participants’ post-program NMSP perception of self-competency was statistically significantly increased on 54 of the 81 statements (P &gt; .05)</td>
<td><strong>Critical Appraisal Tool &amp; Rating</strong>: JHNEBP III/B</td>
<td></td>
</tr>
<tr>
<td>Citation</td>
<td>Design/Method</td>
<td>Sample/Setting</td>
<td>Variables Studied and the Definitions</td>
<td>Measurement</td>
<td>Data Analysis</td>
<td>Findings</td>
<td>Appraisal: Worth to Practice</td>
</tr>
<tr>
<td>----------</td>
<td>---------------</td>
<td>----------------</td>
<td>----------------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td>----------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Watkins, A., Wagner, J., Martin, C., Grant, B., Maule, K., Resh, K., ... Thompson, E. J. (2014).</td>
<td>Non-experimental, longitudinal study</td>
<td><strong>Setting:</strong> 631-bed Magnet-designated community hospital</td>
<td>Business acumen, managerial “courage,” managing and measuring work, motivating others, communicating, and personal learning</td>
<td>Manager approval, commitment to working a 1.0 full-time-equivalent (FTE) position during the residency, bachelor of science degree in nursing, clinical ladder III or IV, or at least 4 years of nursing with previous supervisory or leadership experience.</td>
<td>Evidence of personal growth - PF-16; achieve fundamental core competencies identified; seen as a “team player”; contributes meetings and initiatives; has completed &amp; presented EBP; and aptitude and resilience.</td>
<td>12 residents have completed the program, 10 of whom still remain in NM positions. Of the two remaining, one currently supports the nursing management team with administrative duties and NM coverage.</td>
<td><strong>Critical Appraisal Tool &amp; Rating:</strong> JHNEBP III/C</td>
</tr>
</tbody>
</table>
## Appendix C

Johns Hopkins Nursing Research Appraisal Tool

### Johns Hopkins Nursing Evidence-Based Practice

#### Appendix E: Research Evidence Appraisal Tool

<table>
<thead>
<tr>
<th>Evidence level and quality rating:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Article title:</td>
<td>Number:</td>
</tr>
<tr>
<td>Author(s):</td>
<td>Publication date:</td>
</tr>
<tr>
<td>Journal:</td>
<td></td>
</tr>
<tr>
<td>Setting:</td>
<td>Sample (composition and size):</td>
</tr>
</tbody>
</table>

Does this evidence address my EBP question?

- [ ] Yes
- [x] No
  Do not proceed with appraisal of this evidence.

Is this study:

- [ ] Qualitative (collection, analysis, and reporting of numerical data)
  
  Measurable data (how many; how much; or how often) used to formulate facts, uncover patterns in research, and generalize results from a larger sample population; provides observed effects of a program, problem, or condition, measured precisely, rather than through researcher interpretation of data. Common methods are surveys, face-to-face structured interviews, observations, and reviews of records or documents. Statistical tests are used in data analysis.
  
  Go to Section I: Qualitative

- [ ] Qualitative (collection, analysis, and reporting of narrative data)
  
  Rich narrative documents are used for uncovering themes; describes a problem or condition from the point of view of those experiencing it. Common methods are focus groups, individual interviews (unstructured or semistructured), and participation/observations. Sample sizes are small and are determined when data saturation is achieved. Data saturation is reached when the researcher identifies that no new themes emerge and redundancy is occurring. Synthesis is used in data analysis. Often a starting point for studies when little research exists; may use results to design empirical studies. The researcher describes, analyzes, and interprets reports, descriptions, and observations from participants.
  
  Go to Section II: Qualitative

- [ ] Mixed methods (results reported both numerically and narratively)
  
  Both qualitative and quantitative methods are used in the study design. Using both approaches, in combination, provides a better understanding of research problems than using either approach alone. Sample sizes vary based on methods used. Data collection involves collecting and analyzing both qualitative and quantitative data in a single study or series of studies. Interpretation is continual and can influence stages in the research process.
  
  Go to Section I for Qualitative components and Section II for Quantitative components

© The Johns Hopkins Hospital/The Johns Hopkins University
# Johns Hopkins Nursing Evidence-Based Practice

## Appendix E: Research Evidence Appraisal Tool

### Section I: QuaNtitative

<table>
<thead>
<tr>
<th>Level of Evidence (Study Design)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Is this a report of a single research study?</td>
<td>□ Yes □ No Go to B.</td>
</tr>
<tr>
<td>1. Was there manipulation of an independent variable?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>2. Was there a control group?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>3. Were study participants randomly assigned to the intervention and control groups?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

If Yes to questions 1, 2, and 3, this is a randomized controlled trial (RCT) or experimental study.

- **LEVEL I**

If Yes to questions 1 and 2 and No to question 3, or Yes to question 1 and No to questions 2 and 3, this is quasi-experimental (some degree of investigator control, some manipulation of an independent variable, lacks random assignment to groups, and may have a control group).

- **LEVEL II**

If No to questions 1, 2, and 3, this is nonexperimental (no manipulation of independent variable; can be descriptive, comparative, or correlational; often uses secondary data).

- **LEVEL III**

Study Findings That Help Answer the EBP Question

Complete the Appraisal of QuaNtitative Research Studies section.
# Johns Hopkins Nursing Evidence-Based Practice

## Appendix E: Research Evidence Appraisal Tool

<table>
<thead>
<tr>
<th>B. Is this a summary of multiple sources of research evidence?</th>
<th>□ Yes Continue</th>
<th>□ No Go to Appendix F</th>
</tr>
</thead>
</table>

1. Does it employ a comprehensive search strategy and rigorous appraisal method?

   If this study includes research, nonresearch, and experiential evidence, it is an integrative review. See Appendix F.

2. For systematic reviews and systematic reviews with meta-analysis (see descriptions below):
   - a. Are all studies included RCTs?
   - b. Are the studies a combination of RCTs and quasi-experimental, or quasi-experimental only?
   - c. Are the studies a combination of RCTs, quasi-experimental, and nonexperimental, or non-experimental only?

   A **systematic review** employs a search strategy and a rigorous appraisal method, but does not generate an effect size.

   A **meta-analysis**, or systematic review with meta-analysis, combines and analyzes results from studies to generate a new statistic: the effect size.

<table>
<thead>
<tr>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
</tr>
</thead>
</table>

Study Findings That Help Answer the EBP Question

Complete the Appraisal of Systematic Review (With or Without a Meta-Analysis) section.
# Johns Hopkins Nursing Evidence-Based Practice
## Appendix E: Research Evidence Appraisal Tool

<table>
<thead>
<tr>
<th>Appraisal of Quantitative Research Studies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the researcher identify what is known and not known about the problem and how the study will address any gaps in knowledge?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Was the purpose of the study clearly presented?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Was the literature review current (most sources within the past five years or a seminal study)?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Was sample size sufficient based on study design and rationale?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If there is a control group:</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>✔ Were the characteristics and/or demographics similar in both the control and intervention groups?</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>✔ If multiple settings were used, were the settings similar?</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>✔ Were all groups equally treated except for the intervention group(s)?</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Are data collection methods described clearly?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Were the instruments reliable (Cronbach’s α [alpha] &gt; 0.70)?</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Was instrument validity discussed?</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>If surveys or questionnaires were used, was the response rate ≥ 25%?</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Were the results presented clearly?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If tables were presented, was the narrative consistent with the table content?</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Were study limitations identified and addressed?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Were conclusions based on results?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Go to Quality Rating for Quantitative Studies section

<table>
<thead>
<tr>
<th>Appraisal of Systematic Review (With or Without Meta-Analysis)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the variables of interest clearly identified?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Was the search comprehensive and reproducible?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>✔ Key search terms stated</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>✔ Multiple databases searched and identified</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>✔ Inclusion and exclusion criteria stated</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Was there a flow diagram that included the number of studies eliminated at each level of review?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
Johns Hopkins Nursing Evidence-Based Practice
Appendix E: Research Evidence Appraisal Tool

| Were details of included studies presented (design, sample, methods, results, outcomes, strengths, and limitations?) | □ Yes □ No |
| Were methods for appraising the strength of evidence (level and quality) described? | □ Yes □ No |
| Were conclusions based on results? | □ Yes □ No |
| Results were interpreted. | □ Yes □ No |
| Conclusions flowed logically from the interpretation and systematic review question. | □ Yes □ No |
| Did the systematic review include a section addressing limitations and how they were addressed? | □ Yes □ No |

Quality Rating for QuaNtitative Studies

Complete quality rating for quaNtitative studies section.

Circle the appropriate quality rating below

A **High quality**: Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence.

B **Good quality**: Reasonably consistent results; sufficient sample size for the study design; some control, and fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence.

C **Low quality or major flaws**: Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn.

Section II: Qualitative

Level of Evidence (Study Design)

A. Is this a report of a single qualitative research study? □ Yes Level III □ No Go to Section II. B

Study Findings That Help Answer the EBP Question

Complete the Appraisal of Single Qualitative Research Study section.
### Johns Hopkins Nursing Evidence-Based Practice

#### Appendix E: Research Evidence Appraisal Tool

#### Appraisal of a Single Qualitative Research Study

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there a clearly identifiable and articulated:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Purpose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Research question?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Justification for method(s) used?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Phenomenon that is the focus of the research?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were study sample participants representative?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did they have knowledge of or experience with the research area?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were participant characteristics described?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was sampling adequate, as evidenced by achieving saturation of data?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data analysis:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Was a verification process used in every step by checking and confirming with participants the trustworthiness of analysis and interpretation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Was there a description of how data were analyzed (i.e., method), by computer or manually?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do findings support the narrative data (quotes)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do findings flow from research question to data collected to analysis undertaken?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are conclusions clearly explained?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Go to Quality Rating for Qualitative Studies section.**

**B. For summaries of multiple qualitative research studies (meta-synthesis), was a comprehensive search strategy and rigorous appraisal method used?**

<table>
<thead>
<tr>
<th>Level</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td></td>
<td>Go to Appendix F.</td>
</tr>
</tbody>
</table>

#### Study Findings That Help Answer the EBP Question

#### Complete the Appraisal of Meta-Synthesis Studies section.
Johns Hopkins Nursing Evidence-Based Practice
Appendix E: Research Evidence Appraisal Tool

<table>
<thead>
<tr>
<th>Appraisal of Meta-Synthesis Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the search strategy and criteria for selecting primary studies clearly defined?</td>
</tr>
<tr>
<td>Were findings appropriate and convincing?</td>
</tr>
<tr>
<td>Was a description of methods used to:</td>
</tr>
<tr>
<td>- Compare findings from each study?</td>
</tr>
<tr>
<td>- Interpret data?</td>
</tr>
<tr>
<td>Did synthesis reflect:</td>
</tr>
<tr>
<td>- New insights?</td>
</tr>
<tr>
<td>- Discovery of essential features of phenomena?</td>
</tr>
<tr>
<td>- A fuller understanding of the phenomena?</td>
</tr>
<tr>
<td>Was sufficient data presented to support the interpretations?</td>
</tr>
</tbody>
</table>

**Complete Quality Rating for Qualitative Studies section.**

**Quality Rating for Qualitative Studies**

Circle the appropriate quality rating below

No commonly agreed-on principles exist for judging the quality of qualitative studies. It is a subjective process based on the extent to which study data contributes to synthesis and how much information is known about the researchers’ efforts to meet the appraisal criteria.

For meta-synthesis, there is preliminary agreement that quality assessments should be made before synthesis to screen out poor-quality studies

A/B **High/Good quality** is used for single studies and meta-syntheses.

The report discusses efforts to enhance or evaluate the quality of the data and the overall inquiry in sufficient detail; and it describes the specific techniques used to enhance the quality of the inquiry. Evidence of some or all of the following is found in the report:

- **Transparency:** Describes how information was documented to justify decisions, how data were reviewed by others, and how themes and categories were formulated.

- **Diligence:** Reads and rereads data to check interpretations; seeks opportunity to find multiple sources to corroborate evidence.

- **Verification:** The process of checking, confirming, and ensuring methodologic coherence.

- **Self-reflection and self-scrutiny:** Being continuously aware of how a researcher’s experiences, background, or prejudices might shape and bias analysis and interpretations.

- **Participant-driven inquiry:** Participants shape the scope and breadth of questions; analysis and interpretation give voice to those who participated.

- **Insightful interpretation:** Data and knowledge are linked in meaningful ways to relevant literature.

C **Lower-quality** studies contribute little to the overall review of findings and have few, if any, of the features listed for High/Good quality.
### Johns Hopkins Nursing Evidence-Based Practice

**Appendix E: Research Evidence Appraisal Tool**

#### Section III: Mixed Methods

<table>
<thead>
<tr>
<th>Level of Evidence (Study Design)</th>
<th>Level</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will need to appraise both the quantitative and qualitative parts of the study independently, before appraising the study in its entirety.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Evaluate the quantitative portion of the study using Section I. Insert here the level of evidence and overall quality for this part:</td>
<td>Level</td>
<td>Quality</td>
</tr>
<tr>
<td>2. Evaluate the qualitative part of the study using Section II. Insert here the level of evidence and overall quality for this part:</td>
<td>Level</td>
<td>Quality</td>
</tr>
<tr>
<td>3. To determine the level of evidence, circle the appropriate study design:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) <strong>Explanatory</strong> sequential designs collect quantitative data first, followed by the qualitative data; and their purpose is to explain quantitative results using qualitative findings. The level is determined based on the level of the quantitative part.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) <strong>Exploratory</strong> sequential designs collect qualitative data first, followed by the quantitative data; and their purpose is to explain qualitative findings using the quantitative results. The level is determined based on the level of the qualitative part, and it is always Level III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) <strong>Convergent</strong> parallel designs collect the qualitative and quantitative data concurrently for the purpose of providing a more complete understanding of a phenomenon by merging both datasets. These designs are Level III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) <strong>Multiphasic</strong> designs collect qualitative and quantitative data over more than one phase, with each phase informing the next phase. These designs are Level III.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Study Findings That Help Answer the EBP Question

Use the Appraisal of Mixed Methods Studies section.
Johns Hopkins Nursing Evidence-Based Practice
Appendix E: Research Evidence Appraisal Tool

### Appraisal of Mixed Methods Studies

| Was the mixed-methods research design relevant to address the quantitative and qualitative research questions (or objectives)? | ☐ Yes | ☐ No | ☐ N/A |
| Was the research design relevant to address the quantitative aspects of the mixed-methods question (or objective)? | ☐ Yes | ☐ No | ☐ N/A |
| For convergent parallel designs, was the integration of quantitative and qualitative data (or results) relevant to address the research question or objective? | ☐ Yes | ☐ No | ☐ N/A |
| For convergent parallel designs, were the limitations associated with the integration (for example, the divergence of qualitative and quantitative data or results) sufficiently addressed? | ☐ Yes | ☐ No | ☐ N/A |

### Quality Rating for Mixed-Methods Studies

Circle the appropriate quality rating below:

- **A High quality:** Contains high-quality qualitative and quantitative study components; highly relevant study design; relevant integration of data or results; and careful consideration of the limitations of the chosen approach.
- **B Good quality:** Contains good-quality qualitative and quantitative study components; relevant study design; moderately relevant integration of data or results; and some discussion of limitations of integration.
- **C Low quality or major flaws:** Contains low-quality qualitative and quantitative study components; study design not relevant to research questions or objectives; poorly integrated data or results; and no consideration of limits of integration.

---

1. [https://www.york.ac.uk/crd/SysRev/ISSLI/WebHelp/6_4_ASSESSMENT_OF_QUALITATIVE_RESEARCH.htm](https://www.york.ac.uk/crd/SysRev/ISSLI/WebHelp/6_4_ASSESSMENT_OF_QUALITATIVE_RESEARCH.htm)


## Appendix D

### Gap Analysis

<table>
<thead>
<tr>
<th>Best Practice</th>
<th>Current State</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organizational appreciation of succession planning from the board of directors, CEO, and CNO.</td>
<td>C-Suite, VP, and Director levels in process of succession planning process – no current plans for nurse manager level</td>
<td>Gain CNO support and buy-in for development, implementation, and evaluation of formal nurse manager succession planning model</td>
</tr>
<tr>
<td>2. Nurse manager succession planning included in the Nursing Strategic Plan</td>
<td>Workforce development is a key strategic priority included in the Nursing Strategic Plan that is currently in development – no specific mention of nurse a manager succession planning</td>
<td>Add specific verbiage in Nursing Strategic Plan to include formal nurse manager succession planning under tactical action planning</td>
</tr>
<tr>
<td>3. Workforce analytics - Leadership supply and demand – Identification of nurse manager/leader competencies, skills, and institutional knowledge critical for success</td>
<td>No formal identification of nurse manager/leader competencies</td>
<td>Identify desired leadership and management competencies</td>
</tr>
<tr>
<td>4. Identification of critical nurse manager positions and potential vacancies within the next 1–5 years</td>
<td>No current process in place for identifying position impact and/or vacancy risk. New hospital transition</td>
<td>Leadership workforce gap analysis, identifying position impact and/or vacancy risk for nurse manager role</td>
</tr>
<tr>
<td>5. Talent identification - Identification of High-Potential ANMs using objective tool</td>
<td>No current process identified for talent calibration</td>
<td>Develop process to identify and select high-potential ANMs</td>
</tr>
<tr>
<td>6. Talent Development - Formal leadership development program customized to meet knowledge, skills, and abilities for nurse manager/leader</td>
<td>Multiple leadership courses offered on an adhoc basis – nurse manager attendance is low due to inability for time off.</td>
<td>Leadership Development Program gap analysis - crosswalk identified nurse manager competencies with current HR and CEPD leadership course offerings to determine additional development course needs Develop leadership development curriculum and calendar</td>
</tr>
<tr>
<td>7. Talent Development - Experiential Learning activities for nurse manager development</td>
<td>Formal Nurse Mentoring program, but no formal process or expectation for deliberate nurse manager succession planning</td>
<td>Expand current mentoring program to include succession planning participants Develop progressive experiential learning activities schedule</td>
</tr>
</tbody>
</table>
Appendix E

SWOT Analysis

**STRENGTHS**
- Strong organizational reputation
- Wealth of internal resources
- Leadership support from CNO
- Support from Executive Director of HR
- Alignment with organization and nursing strategic plan
- Launch of new online mentoring platform (LifeMoxi®)
- Support of Center for Education and Professional Development with ANCC accreditation

**WEAKNESSES**
- Increased turnover of ANM's to external promotions
- Dwindling talent pool of ANM's
- Multiple ANM's actively job searching outside the organization
- Siloed professional development activities
- Variation in support for professional development
- No current structure & process for ANM succession planning
- Lack of work-life balance for NM role
- Lack of defined leadership competencies

**OPPORTUNITIES**
- IOM Future of Nursing in Advancing Health
- Required for Magnet re-designation
- Acquisitions, expansion, and opening of new hospital
- Multiple external leadership development programs available.
- Leadership competencies for Nurse Managers as defined by AONL

**THREATS**
- Complex health environment
- Increasing demands of nurse managers
- Competition between inpatient and clinic nurse manager roles
- Competition among other attractive area hospitals
- Increasing cost-of-living in the area
- Healthcare management skillset scarcity
Appendix F

Work Breakdown Structure

 Assess → Design → Develop → Implement → Evaluate

GAP ANALYSIS

Leadership Excellence Model
- Business Operational Model
  - Business Model
  - Environmental Scan
  - SWOT Analysis
  - Vision
  - Values
  - Strategic Imperatives

Program Objectives & Measures
- Workforce Analytics
- Business Case
- Leadership Planning & Involvement
- Define Metrics & Measurements
- Identify Readiness & Implementation

LEADERSHIP EXCELLENCE MODEL

Leadership Excellence Model
- Nurse Manager Competencies (ACNL)
- Functional Skills & Knowledge

Infrastructure Elements
- Evaluation Tools (Pre/Post)
- Documentation
- Development
- Budget

NMSP PROGRAM INFRASTRUCTURE

Evaluation Tools
- 9-box Grid
- Performance Appraisal

Documentation Tools
- 9-box Assessment (Online)
- Talent Profiles
- Bench Strength

Development Tools
- Internal Training
- AONL/ACNL Training
- Mentoring
- Coaching

Communication Plan & Training Material

PROGRAM ROLL-OUT

Development
- Leaders
- HI-PO (High Performance, High Potential)
- Support Staff

Select, Calibrate & Plan
- Initiate for HI-PO's
- Conduct Talent Calibration & Document
- Identify Emergency Successor
- Create Individual Development Plans
- OAD Reviews

Evaluate Program Success & Modify
- Compare Results to Objectives & Metrics
- Expand & Replicate when appropriate

REPORT RESULTS
Appendix G

Nurse Manager Competencies

Appendix H

Nurse Manager Skills Inventory

THE SCIENCE

Managing the Business

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, and how to read a report, balance sheets, and cost report interpretation
   - Creating a budget
   - Monitoring a budget
   - Analysing 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

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 understanding of the effect of information technology (IT) on patient care and delivery systems to reduce work load (e.g. 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

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 context 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

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 interdisciplinary/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

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

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
THE LEADER WITHIN

Creating the Leader in Yourself

IV. REFLECTIVE PRACTICE REFERENCE BEHAVIORS/ TENANTS

<table>
<thead>
<tr>
<th>NOVICE</th>
<th>EXPERIENCE/ SKILL</th>
<th>COMPETENT</th>
<th>EXPERIENCE/ SKILL</th>
<th>EXPERT PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Utilizing a set of guidelines and tenants that facilitate reflective practice; these may be individually developed or can be based on specific models developed by others; below are the “Dimensions of Leadership” developed by the Center for Nursing Leadership, which offer an example of a set of guidelines/tenants that can be used as a tool to guide personal reflection of an individual’s leadership behaviors.

1. **Holding the truth – the presence of integrity as a key value of leadership**

2. **Appreciation of ambiguity – learning to function comfortably amid the ambiguity of our environments**

3. **Diversity as a vehicle to wholeness – the appreciation of diversity in all its forms: race, gender, religion, sexual orientation, generational, the dissenting voice, and differences of all kinds**

4. **Holding multiple perspectives without judgment – creating and holding a space so that multiple perspectives are entertained before decisions are rendered**

5. **Discovery of potential – the ability to search for and find the potential in ourselves and in others**

6. **Quest for adventure towards knowing – creating a constant state of learning for the self, as well as an organization**

7. **Knowing something of life – the use of reflective learning and the translation of that learning to the work at hand**

8. **Nurturing the intellectual and emotional self – constantly increasing one’s knowledge of the world and the development of the emotional self**

9. **Keeping commitments to oneself – creating the balance that regenerates and renews the spirit and body so that it can continue to grow**

COMMENTS

Nurse manager’s comments:

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________
Appendix I

9-Box Grid Evaluation Tool

<table>
<thead>
<tr>
<th>POTENTIAL</th>
<th>PERFORMANCE</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium Potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Questionable Fit
Inconsistent of low performance with limited capability to improve performance.

- Leans of and implements change after it becomes standard.
- Action Required: Create performance improvement plan to focus on increased performance.

### 7. Wrong Role, has potential
Under-performing high potential leader due to either naivety to their role/their management team/strategy or in the wrong role.

- Leans of and implements change after it becomes standard.
- Action Required: Address root cause of performance issue through targeted performance development plan or facilitate change in role.

### 8. Rising Star
Solid performance with high potential to make greater contributions to the business in the future.

- Makes every effort to stay current in professional discipline and effectively implements changes.
- Action Required: Focus on enhancing performance in the short-term and providing development opportunities in the long-term.

### 9. Leading Edge
Strong performance together with strong leadership capability to drive innovative growth of the business in the longer term.

- Innovative and creative, constantly brings and seeks opportunities to experiment with new ideas.
- Action Required: Create organizational visibility and stretch assignments to prepare for advancement.

### 1. Marginal/Do-railed
Inconsistent or low performance business performance with limited capability to improve performance.

- Leans of and implements change after it becomes standard.
- Action Required: Create performance improvement plan. Consider reassignment to more appropriate position including lower level or exit option.

### 2. Tried and True, Well Placed
Solid performance for current situation; risk of falling behind due to complexity of the role or leadership capability.

- Makes every effort to stay current in professional discipline and effectively implements changes.
- Action Required: Work on developing skills in current position; may be candidate for lateral move.

### 3. Trusted Professional
Strong performance for current business challenges. Questionable ability to expand with the business.

- Innovative and creative, constantly brings and seeks opportunities to experiment with new ideas.
- Action Required: Continue developing skills in current job. Is in the right job.
Appendix J

Talent Profile

# Talent Calibration

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
</tr>
</thead>
</table>

- Risk of Loss:
- Impact of Loss:
- Key Contributions:
- Strengths/Unique Abilities:
- Development Areas:
- Derailers:
- 9 Box Ranking:
Appendix K

Association of California Nurse Leaders Foundation for Leadership Excellence Course

THE ASSOCIATION OF CALIFORNIA NURSE LEADERS PRESENTS:

Foundation for Leadership Excellence
A FIVE-DAY PROGRAM DESIGNED FOR NURSE LEADERS

Our healthcare environment is changing rapidly. Health care reform, pay for performance, HCAHPS, value based purchasing, quality, patient safety and other critical initiatives are vital to the success of your healthcare organization and your ability to provide optimal patient care.

As a nurse manager, you are at the heart of today’s healthcare operations. You play a pivotal role in recruiting, retaining and motivating staff; ensuring clinical quality; managing both fiscal operations and services to patients; as well as many other areas of responsibility. Foundation for Leadership Excellence was created to provide nurse managers and front-line leaders with the tools they need to be successful. Since its inception, the Foundation program has evolved to meet the changing needs of nurse leaders.

Foundation for Leadership Excellence is a five-day intensive program to help you develop long-lasting, effective leadership skills. Whether it’s human resource issues, customer-service concerns, implementation of quality and patient safety initiatives, budget analysis, cost-saving mandates or building your influence as a leader, you will gain new perspectives and solutions for the difficult challenges you face on a daily basis.

This program provides emerging and seasoned nurse leaders with many opportunities to acquire new skills and build upon existing ones – a winning formula for success!

THIS COMPREHENSIVE PROGRAM OFFERS:
- A faculty comprised of California’s most influential nurse leaders.
- Exploration of trends in professional nursing practice, health care and leadership and their impact on your work environment.
- Opportunities to build invaluable professional relationships.
- Practical approaches, tools and innovative techniques to help you problem-solve in your professional setting.
- Integration of your specific questions and interests into the course content with practical solutions to your real-time challenges.
- Interpretation and analysis of budget and financial statements and defined implications specific to your unique circumstances.
- Implications of regulatory and legislative health policy on leadership and practice.

OVERALL COURSE OBJECTIVES
- Explore innovations in nursing practice and leadership.
- Identify and grow your personal leadership style to increase your influence and effectiveness.
- Develop strategies to build a positive work environment with motivated employees where optimal inter-professional practice flourishes.
- Examine proven approaches to enhance customer service and patient engagement to increase HCAHPS and CGCAHPS scores.
- Utilize business plans and financial reports to drive decision-making.
- Integrate performance-improvement, regulatory and accrediting principles into your leadership role.
- Discover the nurse leader’s role in health care reform and the institute of Medicine’s Future of Nursing vision.
- Discuss implications of policy decisions on nursing practice and patient care.
- Develop proficiency in providing meaningful feedback to employees.
- Devise strategies to effectively lead and manage change.
- Re-energize your spirit to be the best leader possible.

"Promotes a very positive and engaging environment that inspires me to be the best manager possible!"
PROGRAM AT A GLANCE

DAY 1 — Leadership Excellence
- Learn key competencies and behaviors of successful leaders.
- Apply insights of assessment to improve your leadership skills.
- Use leadership principles to balance clinical and business agendas.
- Understand the far-reaching impact of systems theory.
- Explore personality traits to enhance your communication and leadership skills.

DAY 2 — Raising Your Financial and Leadership IQ
- Examine opportunities to improve the health of our patients and communities through the IOM Future of Nursing vision and the Affordable Care Act.
- Develop a working knowledge of Value Based Purchasing and how your leadership can impact the financial performance of your organization.
- Enhance your communication abilities for all situations.
- Examine generational and cultural differences in the workplace and their impact on leadership effectiveness.
- Understand all components of budget, including position control and interpreting financial statements.
- Explore the facets of financial leadership, including accountability, variance analysis, cost/quality/service and operational efficiency.

DAY 3 — The Influential Leader: Maximizing Your Resources
- Explore the essentials of successful budget planning.
- Discover the fundamentals of business plan development and presenting your plan to decision-makers.
- Improve your negotiation skills to achieve your goals and increase your influence.
- Create your personal plan to maximize your career potential.

DAY 4 — Leading Your Team: Setting Expectations and Enhancing Performance
- Increase team effectiveness and efficiency by selecting and retaining quality talent.
- Understand the nurse leader’s role in monitoring and leading professional practice.
- Formulate strategies to maximize staff performance, including setting expectations, handling discipline and providing objective behavioral feedback to employees.
- Manage conflict, disruptive behavior and bullying in the workplace.

DAY 5 — Putting it all Together: Quality and Patient Safety Begins with Your Leadership
- Describe key factors to consider when managing in a union/potential union environment.
- Explore national trends in performance improvement.
- Understand the nurse manager’s role in an environment where patient outcomes are linked to reimbursement.
- Identify practical strategies and tools to improve outcomes and successfully lead change.
- Learn to engage staff to improve customer service and raise HCAHPS and CGCAHPS scores.
- Reflect on lessons learned and integrate skills gathered throughout the Foundation Course.

CONTINUING EDUCATION CREDIT
Provider approved by the California Board of Registered Nursing, Provider No. 02110, for 40 contact hours. Three units of University graduate elective credits are available through California State University, San Marcos. Contact ACNL for more information.

WHO SHOULD ATTEND?
Nurses in leadership roles and those who aspire to leadership across the continuum, including acute care, post acute and ambulatory care, are encouraged to attend this program.

"Best conference in my nursing career! The subject variety was wonderful."

"I thoroughly enjoyed the course and feel better prepared for my new management role."

"This conference is empowering!"

"Every nurse leader needs to attend this conference."

COURSE OFFERINGS AND REGISTRATION
For course offerings, hotel information and to register for Foundation for Leadershop Excellence, see the enclosed Registration Form or visit the ACNL website at www.acnl.org

Appendix L

Initial Nurse Manager Succession Planning Introduction and Explanation 2019

Succession Planning:
Growing the Leadership Pipeline...Are You and Your People Ready?

Talent Identification

- Talent Identification Survey – send out July 19th.
- PCM’s to complete Talent Assessments in Survey Monkey by August 3rd
- Talent Profiles built August 3-17th in preparation for Talent Calibration Session August 24th at Newark

Talent Calibration Session

- Talent Calibration Session August 24th to Review Patient Care Manager direct reports
- Training and Completion of Individual Development Plans
- Accelerate the development of high potential talent through identifying and building strengths and helping them gain important experiences

Talent Positioning

- Develop Succession Planning Strategy for identification, selection and development of future leaders
- Determine baseline workforce analytics
- Determine levels/positions to be reviewed

To Do:

- Todd Prigge and Katie Stephens to ensure Survey Monkey Talent Assessments ready to go for July 19th PCM Ops Meeting
- Todd Prigge announces Talent Calibration for Assistant Patient Care Managers—July 19th PCM Ops Meeting

Focused Talent Development
PCS Talent Calibration FY18 Launch & Baseline Reporting

Purpose of Talent Management

SHC's goal is to have the best and brightest leadership in healthcare. A leadership team that is not only capable but, steeped with talent. Our belief is that leadership is the difference between good and great organizational performance.

To develop the best and brightest we need a structured approach to talent management:
- Identify key positions to be assessed
- Assessment leaders and their potential
- Provide & Train leaders to specific experiences, skill levels, and competencies
- To continually identify and develop new generations of leadership talent.

Purpose of Talent Management for PCS:

To review the talent within PCS to best understand its "bench strength" and begin to discuss talent development needs as we prepare for 2019.

Outcomes for Talent Calibration

- New Box Assessment
  - Potential
  - Performance
- Position Assessment
  - Rate of Loss
  - Impact of Loss
- Identification of Successors
  - Emergency
  - Readiness
- Framework for Development
  - 10-60+ years
  - 10-40+ years
  - 10-20+ years
  - 10-10+ years

Talent Calibration Process

9-Box
- Each leader will present their 9-Box and share any general statements as to why individuals were placed in which boxes and speaks to at least one unique ability the person brings to the organization.
- The group will then provide feedback on any individual they believe should be positioned in a different box.
- Based on the feedback the leader will finalize their 9-Box.

Succession Plan
- Each leader shares their Successor and Succession plan for their position. Emergency Successions supported by the Team.

Repeat Process
- Process is repeated until every leader has presented their 9-Box.

Next Steps

- Todd Prigge via Alison Martinez will send out instructions for completing talent assessment (survey monkey).
- Surveys are to be completed by end of day August 1st.
- On 8/20 Todd will send back talent profiles based on completed surveys for Managers to prep for presenting their APCM's on 8/24.
Appendix M

Talent Assessment Survey Monkey

## FY2018 PCS Directors

### General Information

1. Employee being evaluated (name):

2. Evaluator (Person who is evaluating the employee):

Loss of Impact: The following questions seek to draw insight into the risk / impact of loss associated with the candidate. Please select / enter your responses following the question.

3. What is the risk of loss of the candidate?

4. What is the impact of loss of the candidate?

5. What were this person’s key contributions from this past year?

6. What are this person’s Key Strengths and/ or Unique Abilities (list up to three)?

7. What are the key development areas for this person?

8. What are potential derailers for this individual?
9. Which box does the employee fit in?

- **Box 1**: Marginal/De-railed: Inconsistent or low performance business performance with limited capability to improve performance. Action Required: Create performance improvement plan. Consider reassignment to more appropriate position including lower level or exit option.

- **Box 2**: Tried & true/well placed: Solid business performance for current situation; risk of falling behind due to complexity of the role or leadership capability. Action Required: Work on developing skills in current position; may be candidate for lateral move.

- **Box 3**: Expert: Strong business performance for current business challenges. Questionable ability to expand with the business. Action Required: Continue developing skills in current job. Is in the right job.

- **Box 4**: Questionable fit: Inconsistent or low performance with limited capability to improve performance. Action Required: Create performance improvement plan to focus on increased performance.

- **Box 5**: Solid well rounded: Solid business performance and a focus on current business challenges. Action Required: Leave in current position; create development plan to enhance skills and competencies.

- **Box 6**: Emerging talent: Strong business performance and solid management of function, coupled with a focus on current business challenges. Action Required: Look for opportunities to display greater results and people leadership and demonstrate capacity to handle greater complexity.

- **Box 7**: Wrong role, needs coaching: Under-performing High Potential leader due to either newness to their role/their management team/strategy or in the wrong role. Action Required: Address root cause of performance issue through a targeted performance development plan

- **Box 8**: Rising star: Solid performance with high potential to make greater contributions to the business in the future. Action Required: Focus on enhancing performance in the short-term and providing development opportunities in the long-term.

- **Box 9**: Leading edge: Strong performance together with strong leadership capability to drive innovative growth of the business in the longer term. Action Required: Create organizational visibility and stretch assignments to prepare for advancement.

10. This person's readiness to succeed me is:

11. Is this person an Emergency Replacement?
- Yes
- No

[Done]
Appendix N

Invite for Formal Leadership Development Program
Appendix O

HR and CEPD Leadership Development Courses

Leading With Heart Caritas Leadership Caring & Leading Self and Others

The purpose of this course is to engage the heart and spirit of nurses at all levels.

Designed as a daylong experiential program, nurses can explore and renew their personal and professional connection to nursing practice and leadership.

Our focus begins with the essential and often neglected balance between caring for self and caring for others; introducing nurses how to lead with heart and caring consciousness.

Nurses will gain a deeper appreciation and enhance knowledge of evidence based caring science theory, holistic nursing and caring leadership practice skills.

Course covers nursing as moral and ethical caring, Caring Science fundamentals, caring nurse leadership skills, and holistic modalities for selfrenewal.

The content is based on Jean Watson’s Caring Science, ANA Scope of Practice, Code of Ethics, Social Policy Statement, AACN Healthy Work Environments Standards, AONE Nurse Manager Leadership Learning Domain Framework, AONE Nurse Executive Competencies, and Maria O’Rourke Professional Role.

Program Objectives

- Describe the ethical and moral dimensions of caring competency in nursing practice and leadership.
- Discuss theoretical core concepts of Watson Caring Science and implications for nursing practice and leadership at all levels.
- Describe how caring and uncaring behaviors and actions can impact nursing daily practice.
- Demonstrate authentic listening and presence skills as foundational to developing transpersonal caring relationships.
- Incorporate caritas language strategies to develop a common language for caring communication with self, staff, and patients.
- Integrate practical self-renewal skills into personal and professional practice.
- Formulate a professional action plan incorporating caritas leadership and self-renewal strategies.

YOUR LEADERSHIP JOURNEY

This course will help our first time leaders build their confidence when transitioning into a leadership role. It will enable first time leaders to build their leadership effectiveness by acting with authenticity to build trust, bring out the best in others to enhance engagement, and look for and accept feedback with grace. Learners will understand responsibilities in leading others and identify the next steps in their journey.

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 9</td>
<td>8 a.m. to 12 p.m.</td>
<td>Newark</td>
</tr>
<tr>
<td>December 6</td>
<td>8 a.m. to 12 p.m.</td>
<td>Newark</td>
</tr>
</tbody>
</table>

CRUCIAL CONVERSATIONS

Participants will learn skills to break through controversial and emotionally charged issues by creating an environment that promotes healthy dialogue. This course focuses on improving results through self-management, strengthening relationships, and establishing safety in order to discuss any challenging topic. Utilizing video clips, role playing, and practice, participants acquire the necessary skills to handle high-stakes issues, offering differing opinions and strong emotions; the three elements of Crucial Conversations. Leaders enhance their ability to conduct honest, direct, and candid dialogue while upholding C-I-CARE and our principle of Respect for People.

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 6, 13, 20, 27</td>
<td>8 a.m. to 12 p.m.</td>
<td>Newark</td>
</tr>
</tbody>
</table>
CRUCIAL ACCOUNTABILITY
For graduates of Crucial Conversations, this course teaches a step-by-step process aligned with A3 thinking to enhance accountability and improve performance. This course helps learners hold the tough conversations in order to improve effectiveness for both individuals and teams.

Prerequisite: Must have completed Crucial Conversations.

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 16</td>
<td>8 a.m. to 4 p.m.</td>
<td>Newark</td>
</tr>
<tr>
<td>October 11</td>
<td>8 a.m. to 4 p.m.</td>
<td>Newark</td>
</tr>
</tbody>
</table>

SITUATIONAL LEADERSHIP
This program will directly address the relationship between leadership styles and the performance needs of those being lead. It will provide leaders with the knowledge and practical applications to utilize the most effective leadership style in various situations and redefine success. These tools are what our leaders will need to quickly adapt to changing scenarios, characters, and circumstances. Applying these tools will develop those being lead in becoming capable, active, and engaged problems solvers.

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 4</td>
<td>8 a.m. to 4 p.m.</td>
<td>Newark</td>
</tr>
</tbody>
</table>
Appendix P

Gantt Chart

<table>
<thead>
<tr>
<th>Project Timeline Succession Planning 2018-2019</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNO Approval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Alignment &amp; Imperatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID Oversight Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine Project Scope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Planning &amp; Involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assign Responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workforce Analytics - Analyze Turnover &amp; Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Competencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Functional Knowledge &amp; Skill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Evaluation Tools (Pre/Post)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Documentation Tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Development Tools &amp; Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Budget – Resource Allocation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop Evaluation Tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop Documentation Tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop Development Tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create Communication Strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create Training &amp; Development Plans &amp; Material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kick-off Communications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talent Calibration Completion by NM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build Talent Profiles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talent Calibration Session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Development Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HiPo/LoPo discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceleration Pool Identified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNO Debriefing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HiPo Development Plans finalized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency Pre-Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Development Implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency Post-Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analyze Findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compare results to project objectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess ANM turnover</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess internal promotions from identified talent pool</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Write Up of Findings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Appendix Q

## Communication/Responsibility Plan

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Description</th>
<th>Delivery Method</th>
<th>Frequency</th>
<th>Owner</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of Support from Organization</td>
<td>1:1 Meeting</td>
<td>Face-to-face</td>
<td>Once</td>
<td>K. Stephens</td>
<td>Dale Beatty, DNP, RN NEA-BC CNO &amp; VP PCS</td>
</tr>
<tr>
<td>Succession Planning Model development</td>
<td>Small meeting</td>
<td>In person &amp; email follow-up</td>
<td>Bi-weekly</td>
<td>K. Stephens</td>
<td>CNO &amp; Magnet Program Director, Executive Director or HR</td>
</tr>
<tr>
<td>Communication to Managers/Directors</td>
<td>Weekly Manager Meeting</td>
<td>In person</td>
<td>Weekly</td>
<td>K. Stephens</td>
<td>Managers/Directors</td>
</tr>
<tr>
<td>Talent Calibration Day</td>
<td>Special 2-hour Meeting</td>
<td>In person</td>
<td>Weekly</td>
<td>K. Stephens</td>
<td>Managers/Directors</td>
</tr>
<tr>
<td>Email follow up post-calibration</td>
<td>Follow-up communication</td>
<td>email</td>
<td>Once</td>
<td>K. Stephens</td>
<td>Managers/Directors</td>
</tr>
<tr>
<td>DNP Succession Planning model project &amp; implementation</td>
<td>1:1 Meetings</td>
<td>In person</td>
<td>Weekly</td>
<td>K. Stephens</td>
<td>Magnet Program Director</td>
</tr>
<tr>
<td>Check in’s with program participants</td>
<td>Check-ins</td>
<td>Zoom &amp; email follow-up Communication; 1:1meetings</td>
<td>Bi-weekly</td>
<td>K. Stephens</td>
<td>Assistant Nurse Managers in NMSP project</td>
</tr>
</tbody>
</table>
Appendix R

Proposed Budget

### Revenue

<table>
<thead>
<tr>
<th>Account</th>
<th>FY 2019 Proforma</th>
<th>FY 2020 Proforma</th>
<th>FY 2021 Proforma</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Savings from retaining ANM Talent</td>
<td>$2,000,000</td>
<td>$1,750,000</td>
<td>$1,500,000</td>
<td>Assumes cost avoidance of $250,000 per ANM if organization were to maintain 18% ANM turnover rate for the first year, while decreasing by 10% each subsequent year.</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Costs</th>
<th>FY 2019 Proforma</th>
<th>FY 2020 Proforma</th>
<th>FY 2021 Proforma</th>
<th>Cost of sending 5 ANMs through formal Nurse Manager Succession Planning Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations for Leadership Excellence</td>
<td>$7,000</td>
<td>$7,140</td>
<td>$7,283</td>
<td>Assumes cost stay relatively the same factoring in 2% inflation</td>
</tr>
<tr>
<td>Hotel</td>
<td>$10,000</td>
<td>$10,200</td>
<td>$10,404</td>
<td>Assumes cost stay relatively the same factoring in 2% inflation</td>
</tr>
<tr>
<td>Airfare &amp; Travel</td>
<td>$1,000</td>
<td>$1,020</td>
<td>$1,040</td>
<td>Assumes cost stay relatively the same factoring in 2% inflation</td>
</tr>
<tr>
<td>Food-related Expenses</td>
<td>$2,500</td>
<td>$2,550</td>
<td>$2,601</td>
<td>Assumes cost stay relatively the same factoring in 2% inflation</td>
</tr>
<tr>
<td>HR Leadership Development Courses</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>Assumes cost stay relatively the same</td>
</tr>
<tr>
<td>Evaluation Tools</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>Assumes cost stay relatively the same</td>
</tr>
<tr>
<td>Program Development &amp; Implementation</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>Assumes cost stay relatively the same</td>
</tr>
<tr>
<td>ANM Nurse manager wages</td>
<td>$33,210</td>
<td>$33,874</td>
<td>$34,551</td>
<td>Assumes average hourly wage for ANM $90/hr</td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
<td><strong>$53,710</strong></td>
<td><strong>$54,784</strong></td>
<td><strong>$55,879</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Total Potential Savings**

$1,946,380  $1,695,216  $1,444,121
Appendix S

DNP Statement of Non-Research Determination Form

Student Name: Katie Stephens

Title of Project:
Succession Planning for Nurse Managers:
Ensuring a Robust Pipeline of Future Nurse Leaders

Brief Description of Project:
Implementation of a formal succession planning model at the inpatient nurse manager level

A) Aim Statement:
This project involves implementation of a nurse manager succession planning model with
the goal of improving key performance metrics, such as time-to-fill nurse manager
vacancies and assistant nurse manager engagement scores within one year of implementation.

B) Description of Intervention:
The process will involve assessing nurse managers using an objective performance-based tool to capture
critical performance elements. Once talent is assessed and identified, gaps in knowledge, skills, and abilities
will be addressed through the creation of individual development plans for each nurse manager candidate.
Lastly, the program will involve ongoing identification and development of new generations of leadership talent to
build an engaged talent pool and robust pipeline of nurse leaders to fill future positions.

C) How will this intervention change practice?
Through implementation of a formal succession planning program, the goal is to both identify and develop high-performing,
high-potential candidates into high-functioning nurse leaders. In addition, this program seeks to build and maintain
a pipeline of nurse leaders for future nurse leadership positions.

D) Outcome measurements:
The sources of data that will be used to measure the impact of this project are the number and percentage of nurse
managers that identify at least one potential successor for their position, as well as the number and percentage of
assistant managers with completed individual development plans. Other potential data sources include assistant nurse
manager engagement scores, the percentage of nurse manager positions filled with internal promotions, as well as
time-to-fill nurse manager positions.

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.bhs.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.

DNP Department Approval 5/8/14 1
EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

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

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>×</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>×</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>×</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>×</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>×</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>×</td>
<td></td>
</tr>
<tr>
<td>The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.</td>
<td>×</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>×</td>
<td></td>
</tr>
<tr>
<td>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.”</td>
<td>×</td>
<td></td>
</tr>
</tbody>
</table>

**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. Holmman, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.
STUDENT NAME (Please print):
Katie Stephens

Signature of Student:
Katie Stephens
DATE 7/30/2018

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):
Mary Lynne Knighen, DNP, RN, NEA-BC

Signature of Supervising Faculty Member (Chair):
Dr. Mary Lynne Knighen
DATE 9/29/19
Appendix T

Nurse Manager Skill Inventory Pre and Post Program Scores
Appendix U
Overall NMSP Program Evaluation

Q1: Emerging Nurse Management & Leadership Academy Program met my expectations
Answered: 5  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>80.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>20.00%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
</tr>
</tbody>
</table>

Q2: The program increased my leadership and management competency
Answered: 5  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>60.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>40.00%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
</tr>
</tbody>
</table>

Q3: The program helped to clarify my potential career pathway and/or future leadership role
Answered: 5  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>60.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>40.00%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
</tr>
</tbody>
</table>
Q4: The program increased my self-awareness around my personal strengths, as well as areas of personal growth and opportunity

Answered: 5  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>60.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>40.00%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Q5: The program helped provide me peer and/or mentor support that I feel comfortable discussing issues with.

Answered: 5  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>60.00%</td>
</tr>
<tr>
<td>Agree</td>
<td>40.00%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0.00%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100.00%</td>
</tr>
</tbody>
</table>