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The Heart and Soul of Engagement in the Float Pool Team

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The Heart and Soul of Engagement in the Float Pool Team

Kymberly Dexter
University of San Francisco
NURS 670 Internship
Cathy Coleman
July 11, 2022
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Abstract

**Problem:** The assistant nurse manager (ANM) role is considered an entry-level management position and is not intended as a permanent career role. The unintended consequence is that there is a high rate of organizational turnover, making it challenging to build and retain a solid, cohesive, and productive team.

**Context:** A new manager of a float pool team in a 166-bed community hospital found that with little financial investment, a significant impact is made by holding a safe space for listening to the ANM team and designing education and training around what is most important to frontline managers.

**Interventions:** A baseline bundle of three surveys was completed prior to the start of a 3-month quality improvement project and will be repeated on a semiannual basis to validate the effectiveness and to monitor progress. These self-assessment surveys evaluated the ANM team’s perception of areas of strengths versus opportunities for improvement. Based upon aggregate results, a leadership series was incorporated into the monthly management team meeting with topics chosen by the four team members. The first two were led by the nurse manager. The subsequent 10 topics will be opened up and selected by each volunteer team member to lead over one year.

**Measures:** Outcome, process, and balancing measures support quality improvement.

**Outcome Measure:** By July 5, 2022, 100% of team members \((N = 4)\) will volunteer to lead at least two topics in a leadership development series to be offered and presented during future monthly ANM meetings.
**Process Measures:** By June 30, 2022, 100% of team members ($N = 4$) will complete a baseline bundle of three engagement surveys to assess the current level of engagement at the rate of 100% to show the team’s willingness to speak up about their experience and share their current level of engagement. By June 30, 2022, a sign-up sheet with 10 sample topics generated from the baseline bundle will be completed by 100% of the ANM team.

**Balancing Measure:** Monitor lateral movement or attrition within the ANM float pool team between June 2022 and June 2023. This metric may indicate that the stated intervention is not having its intended impact on growing, empowering, and maintaining team engagement.

**Results:** By July 5, 2022, 100% of team members ($N = 4$) will volunteer to lead at least two topics in a leadership development series to be offered and presented during future monthly ANM meetings.

**Process Measures:** By June 30, 2022, 100% of team members ($N = 4$) will complete a baseline bundle of three engagement surveys to assess the current level of engagement at the rate of 100% to show the team’s willingness to speak up about their experience and share their current level of engagement. By June 30, 2022, a sign-up sheet with 10 sample topics generated from the baseline bundle will be completed by 100% of the ANM team.

**Conclusion:** An investment in the growth and development of a team, especially mid-level managers, can impact retention, loyalty, and job satisfaction. Self-assessment of management team members with ongoing progress monitoring and mentoring is essential for rapport and retention. A long-term outcome for the organization is continuity in quality and care experience measures, improvement in patient safety, and savings related to less ANM turnover.

*Keywords:* self-assessment, team engagement, retention, leadership, team investment, mid-level manager
The Heart and Soul of Engagement in the Float Pool Team

Introduction

Assistant nurse manager (ANM) engagement and retention is the heart and soul of the frontline leadership team. An investment in training and recognition pays organizations dividends in nurse manager retention, the quality of care provided, and patient/employee satisfaction (Perlo et al., 2017). Engaged and inspired leadership educates and empowers bedside staff to evaluate and improve workflows to create a culture of continuous learning resulting in an exceptional patient experience of care (Perlo et al., 2017).

A clinical nurse leader (CNL) led this quality improvement (QI) project, motivated by trends in the literature reflecting a high rate of nurse manager burnout (King et al., 2019; Sherman, 2022). The organizational setting was a Northern California, mid-sized, 166-bed, non-profit community hospital in Placer County within a large integrated healthcare delivery system. This organization prioritizes quality patient care and aims to meet and exceed patient care experience metrics, as defined by the Joint Commission (JC, n.d.) standards and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) assessments of care experience and quality (Agency for Healthcare Research and Quality, 2021). This project encourages ANM team introspection, analysis, and expression of personal contributions to the team. Respectful communication and validation of others’ analysis of their contribution are required to foster a psychologically safe work environment for personal and team growth (O’Donovan et al., 2020; Wei et al., 2020).

Problem Description

The ANM role is considered an entry-level management position and is not intended as a career path. The unintended consequence of this reality presents a problem with potentially high
rates of turnover, making it challenging to build a solid, cohesive, and productive leadership team. For example, in the float pool team, established 2 years ago, a new manager has been in place for 2 months. To determine the baseline level of existing ANM engagement and satisfaction, a gap analysis was performed in May, 2022. This organization utilizes an employee engagement assessment tool, with recent scores for December 2021 indicating 64 of 100 points (Kaiser Permanente, 2021). This reflects a 5-point decrease from the regional average and a 9-point unit decrease from April 2021. As this facility strives toward Magnet status (American Nurses Credentialing Center, n.d.), leadership and staff engagement are key to driving meaningful and sustainable change. Although these data were relevant, the CNL manager desired more meaningful microsystem-specific ANM team data to further delineate the quality gap.

Baseline data for this project also included a battery of three self-assessment and engagement surveys to further assess metrics that matter and provide team-specific benchmark data related to current levels of engagement, team dynamics, and the presence or absence of psychological safety (O’Donovan et al., 2020). The Institute for Healthcare Improvement (IHI), (IHI, 2003) microsystem assessment tool (see Appendix A), the Transforming Care at the Bedside survey (Upenieks et al., 2010; see Appendix B), and the San Louis Obispo County (n.d.) Psychological Safety Assessment tool (see Appendix C) were administered at baseline and will continue at 6-month intervals.

The current system of change management in this organization is top-down from the regional office, and changes are implemented at individual facility sites. This does not permit ANM or employee engagement in problem solving at the frontline staff level. The need for meaningful communication and ANM mentorship reinforces the necessity for continuous ANM assessment to increase employee engagement scores, quality outcomes, management retention,
patient safety, and potentially resultS in reduced liability risks to the institution (Perlo et al., 2017).

**Available Knowledge**

A PICOT (population, intervention, comparison, outcome, timeframe) question is utilized for literature searches (King et al., 2018). The PICOT question for this project: (P) Does ANM retention in the float pool unit (I) improve after ANM team self-selected topics for leadership development, (C) compared to current practice, (O) result in higher levels of ANM team engagement and retention (T) within one year?

**Review of Research**

In a descriptive correlational study of 221 nurses and 60 nurse managers at a Saudi university hospital, Abd-El Aliem and Abou Hashish (2021) found a transformational leadership style had a positive impact on nurse motivation and engagement, creating a more resilient and involved workforce. The strengths of the study findings correlate with research and literature reviews on leadership resilience and job involvement; however, it is limited by a convenience sample of only female nurses in an academic setting completing self-reported questionnaires (see Appendix D).

In an integrative review, Alexander et al. (2021) reviewed nine articles published between 2005 and 2018 for thematic content and found QI barriers were leadership, education and training, resource constraints, data, culture, time, staffing, financial constraints, workload, physician impact, and resistance to change. Facilitators were leadership, education and training, culture, mentors/champions, data, time, and financial resources. The strengths of this study are a thorough review of available evidence, while it is limited by the number of available studies.
Blok et al. (2021) performed a qualitative study of 26 managers and nurse leaders in the Veterans’ Affairs healthcare system. The researchers found a disparity between nurse leaders’ and nurse managers’ understandings of the role of the leader and their ability to impact staff engagement. Blok et al. identified themes that separate leaders in high- versus low-performing units; however, the study was limited to only one healthcare system.

In a descriptive correlational study of 128 nurse leaders attending the American Nurses Credentialing Center Magnet Conference in 2016, Shaughnessy et al. (2018) found areas of opportunity for current nurse leaders are providing a shared vision for the future, support for innovation, and risk-taking. The strength of this study was that it highlights skills that are commonly lacking in current nurse leaders, however, a major limitation was the homogenous convenience sample of predominantly White females, baccalaureate-prepared at minimum.

Wei et al. (2020) performed a systematic literature review of CINAHL, MEDLINE, PsycINFO, and Google Scholar with search criteria of burnout and leadership. Nurses found that transformational and authentic leaders inspire and motivate nurses, improving nurse satisfaction and engagement, while reducing burnout and ultimately improving quality-of-care outcomes. The strengths of this study are that 18 studies from seven countries across the world were evaluated; but the results of qualitative studies were quantified for analysis (see Appendix D)

**Rationale**

Key stakeholder engagement was vital to the success of this QI project and included the area portfolio leader as a consultant for this team, who was instrumental in supporting the work with feedback on the process and structure of the two change models. This QI project inspires team introspection, analysis, and expression of personal contributions to the team. Respectful
communication and validation of others’ analysis of their contribution are required to foster a safe environment for personal and team growth.

The primary framework used was the Framework for Safe, Reliable, and Effective Care (Frankel et al., 2017; see Appendix E), which has multiple components that directly applied to the topic of this project. The framework is a wheel centered around the patient and family engagement, divided into seven interlocking puzzle pieces, separated into two domains that contribute to the delivery of safe, reliable, and effective care as follows: psychological safety, accountability, teamwork and communication, and negotiation are in the domain of culture. Continuous learning, improvement and measure, reliability, and transparency are in the learning system domain; however, leadership belongs to both culture and learning system domains.

The scope of this project is to train the leaders of the ANM team to be able to foster change in the team, providing psychological safety that will make the other components of culture possible. When team members do not feel comfortable speaking up, accountability, effective teamwork, communication, and negotiation are not possible (Alexander et al., 2021). Tapping into and modeling transparency in the learning system will start to change the culture and improve psychological safety.

The Ace Star Model (Stevens, 2004) was also chosen because it starts with existing research guiding the next phases of the improvement model (see Appendix F). This model walks the team through taking action by looking at what is already being done to formulate a plan on how to move forward to implement change. Stevens (2004), from the University of Texas Health Science Center at San Antonio, proposed the Ace Star Model of evidence-based practice as helpful to sustain change on the unit level because it is reliant on current research in defining the problem and looking for a solution. The 5-point star process starts with discovery research to
gather knowledge about clinical actions. The second point of the star is an evidence summary, where the information from the first step is synthesized into a statement about the state of the science. The knowledge gained from the first two points of the star is then translated into guidelines in the third point of the star, where they are translated into practice. Integration into practice is the fourth point of the star and is impacted by the organizational and individual rate of adoption. Process and outcome evaluation is the final point of the star and is key to evaluating the success of a change in practice. This model was chosen because it starts with discovering existing research and guides the next phases of the improvement model. This model can guide the team through taking action by looking at what is already being done to formulate a plan on how to move forward to implement change.

**Project Aims**

**Specific Aim**

By June 30, 2022, the completion of a baseline engagement bundle of three surveys at the rate of 100% is anticipated to show the ANM team’s willingness to speak up about their experience and share their current level of engagement at a mid-sized, non-profit, community hospital in Placer County.

**Global Aim**

The introduction of this project led to a new team-generated name for the ANM and float pool team: the phenomenal float pool. The global aim: By June 30, 2023, 100% of the ANM team retention in the phenomenal float pool will be achieved, excluding promotion to a vertical leadership position.
**Context**

In this author’s opinion, the heart and soul of employee satisfaction is their level of engagement, which must be nurtured. Employee engagement scores are the primary source for the data collection on staff perceptions of their work environment. It reflects how engaged staff is and how they perceive their voices are being heard. The scores for engagement in this department decreased from April to December 2021, but increased again in April 2022. The leadership team convened to discuss improving engagement within the leadership team and what it would look like to spread those positive actions to the frontline staff. The elements of a SWOT analysis were identified and agreed upon by the ANM team (see Appendix G).

- **Strengths:** A speak-up culture, information exchange during shift change, performance results, and sharing information with providers and staff.
- **Weaknesses:** Bandwidth, two open positions on the team, lack of organization.
- **Opportunities:** Stocking supplies, staffing, and sharing information.
- **Threats:** Multiple projects, lack of staff, pandemic, undefined identity.

The budget for this QI project is minimal; however, the potential return-on-investment could be a payout of substantial dividends in retention, loyalty, and productivity. Training investment occurs during regularly scheduled monthly department leadership meetings, leaving the only financial expense as the materials provided to stimulate thought and conversation within the team. The $50 dollar expense reflects the cost of the *Strengths Finder 2.0* self-assessment book and tool (see Appendix H).

**Financial Analysis**

While the actual cost of investing in the ANM team leadership development is minimal, the dividends it pays in retention are substantial. The cost of hiring and training a new team
member is approximately $175,000 at this facility (L. Jefferson, personal correspondence, April 26, 2022). This conservative figure only includes facility and unit orientation time and the standard leadership training computer modules. The cost-benefit analysis shows an expense of $50 for the materials required. The projected savings of retaining the current team for one year, thus saving the onboarding costs of onboarding four new members, adds up to $700,000, providing a total net benefit of 699,950 and a benefit-to-cost ratio of $14,000 (see Appendix I).

The hidden cost savings for improving engagement and retention centered around two main domains: quality and care experience (see Appendix I). Quality measures improve when engaged staff create and follow care bundles that increase adherence to established metrics reflecting the quality of the care provided (Wei et al., 2020). Care experience scores increase when engaged staff are empowered to meet and exceed the needs of the patients they serve (Wei et al., 2020).

**Intervention**

The float pool ANM team was identified as the leadership test group because there have been recent changes in the members of the department. The nurse manager was new to the team, and two of six ANMs had recently vacated their positions. One ANM became a nurse manager in the same organization in an outpatient setting, and another ANM stepped down from leadership to return to the bedside and remained in the float pool.

The QI methods and interventions were started with baseline assessments using three tools: the IHI Microsystems Assessment tool, IHI’s Transforming Care at the Bedside, and the San Louis Obispo County psychological safety survey. These surveys were analyzed for themes, and the team met to evaluate the themes and to discuss how to proceed.
The themes highlighted as areas of opportunity in the baseline survey were lacking a focus on the patient, poor education and training plans, not maximizing the integration of information with technology, and missing supplies and/or equipment. Strengths of the current team include performance results and a speak-up culture. The team reported that differences within the team are respected.

The team came to the June ANM meeting having read the IHI white paper *Joy in Work* (Perlo et al., 2017) and shared thoughts on the application of the principles proposed to this team. The section on burnout was particularly pertinent to the team and reflective of the struggles faced by the staff managed by the team. A SWOT analysis was completed at the conclusion of the initial meeting (Appendix G).

Rath’s (2017) *Strengths Finder 2.0* was distributed to the team to read and perform a self-assessment and reflect on which strengths and what they bring to the team. The July meeting agenda incorporated sharing strengths identified with the tool and how the team can capitalize on their own strengths and reach out to their colleagues with opposite strengths help balance the skills of the team.

A multiple choice and short answer response survey was created to elicit input on leadership topics that would benefit the team to individualize a leadership series based upon the perceived needs of the team. A 30-minute section of the monthly ANM meeting was allocated for presentations on the leadership series topic. The first two meetings were presented by the manager and then opened to the team to volunteer to present topics of their choice from the list formulated during the initial meeting in June, spanning 12 months (Appendix K). Upcoming topics include high-performing team attributes in September, how to give and receive feedback in October, gratitude in November, and celebrating your gifts to the team/organization in
December. The new team members’ input will be integrated into the leadership series topics starting in January 2023.

The three baseline surveys will be readministered every 6 months and correlated with the organizational employee engagement survey results to verify the validity and trends of the survey results and confirmation that interventions remain effective. The next round of surveys will take place in October 2022 for the employee engagement survey and November 2022 for the baseline surveys.

**Study of Intervention**

The measurement strategy is to repeat the baseline survey bundle every 6 months as a check to ensure that ANM team meetings and interventions are effective in improving engagement and building a cohesive team. This presents an opportunity for the team members’ voices to be heard and shared with their peers, so any drift can be identified, acknowledged, and realigned as facilitated by the group. An employee engagement survey was completed at similar intervals and allows comparison between the float pool microsystem and comparable inpatient departments within the organization.

A leadership development series will be added to monthly team meetings with an opportunity for team members to volunteer to lead topics. There will be 12 opportunities to present relevant topics. The first two were presented by the nurse manager, and the remaining 10 topics were available for the current four ANMs to sign up to present throughout the year, with the expectation of two additional members to the team who will be able to sign up once they are officially on-boarded. Rath’s (2017) *Strengths Finder 2.0* will be used to assist the team in identifying their individual strengths and how they lead successfully by building on these core attributes. The IHI white paper *Joy at Work* (Perlo et al., 2017) will be the topic for the journal
club. The Rose Sherman blog is another source to spark discussion for the team (Sherman, 2022).

The additional topics selected by the team were providing and receiving feedback, boundary setting, making a connection, gratitude at work, careful communication, growth mindset, powers of persuasion, and decision making. The final topic was left open to allow new team members to select a topic. The final 2 months were also held open so the new team members would have the opportunity to volunteer to lead a session (see Appendix K).

**Measures**

Engaged teams invest time and energy back to the team and support and encourage each other. CNLs who replicate this project need to consider three key measures.

**Outcome Measure**

By July 5, 2022, 100% of team members ($N = 4$) will volunteer to lead at least two topics in a leadership development series to be offered and presented during future monthly ANM meetings.

**Process Measures**

By June 30, 2022, 100% of team members ($N = 4$) will complete a baseline bundle of three engagement surveys to assess the current level of engagement. The 100% rate is to show the team’s willingness to speak up about their experience and share their current level of engagement.

By June 30, 2022, a sign-up sheet with 10 sample topics generated from the baseline bundle will be completed by 100% of the ANM team ($N = 4$).

**Balancing Measure**
The balancing measure is to monitor lateral movement or attrition within the ANM float pool team between June 2022 and June 2023. This metric may indicate that the stated intervention is not having its intended impact on growing, empowering, and maintaining team engagement.

**Global Aim**

By June 30, 2023, ANMs in the float pool will report increased engagement by 15% from baseline compared to 6 months pre- and post-engagement of surveys

**Ethical Considerations**

Provision 6 in the American Nurses Association code of ethics for nurses requires nurses to “improve the ethical environment of the work setting and the conditions of employment that are conducive to safe, quality health care” (ANA, 2015, para. 6; see Appendix L) The scope of this QI project directly impacts ways the leadership team interacts with each other and the staff they manage to ensure an ethical work environment and psychologically safe culture for employees and managers.

**Outcome Measure Results**

By July 5, 2022, 100% of team members \((N = 4)\) volunteered to lead at least two topics in a leadership development series to be offered and presented during future monthly ANM meetings.

Results of self-assessment themes, agreed upon by the team, included opportunities for improvement, such as reinforcing focus on the patient, suboptimal education and training plans, lack of maximizing the integration of information with technology, and missing supplies and equipment. Strengths of the current team included performance results and a speak-up culture. The team reported that differences within the ANM team are respected.
A short topic evaluation tool was developed to assess the effectiveness of the leadership series, consisting of two short answer questions: what worked and what did not work and what would you like to see presented in the future (see Appendix M).

**Summary**

Due to the employment status change of the author, the original improvement project related to inpatient falls was redirected to a management and ANM team development priority.

As the team emerges from struggles with pandemic chaos, staffing challenges, nursing strikes, and changes in leadership, it is apparent that dedicated time is required to reflect on what they have survived and how best to move forward. CNLs can lead opportunities for the team to explore what the others see and think by providing a shared perspective to build a positive work environment and build a path forward together (King et al., 2018). In this QI project, the battery of three baseline surveys, instead of using only one, provided complementary benchmarks for the team to check in safely with each other to gauge progress toward shared goals and realign practices, as needed, to correct for drift.

The stability of a leadership team is imperative for getting traction on quality and care experience measures. Unanticipated churn and turnover in the leadership team leads to inconsistency in practice, which may impact patient safety and the quality-of-care experience. Investing in the leadership team leads to employee retention that encourages and empowers staff to perform at their best as an engaged team that correctly identifies problems and builds and adheres to bundled practices that drive quality of care provided at the bedside.

**Conclusion**

No high-performing team can produce without a strong heart and soul, especially in healthcare where burnout and incivility remove joy from work environments (Perlo et al., 2017).
CNLs need to foster a culture of respect, lead with integrity and authenticity, and provide assessment tools, with the goal of increasing and sustaining ANM team engagement and retention, which will lead to both personal and professional growth as nurse leaders nurture mid-level managers, who in turn motivate individual employees to truly thrive in their healthcare system.
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https://doi.org/10.1097/nna.0000000000000682

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https://www.uthscsa.edu/academics/nursing/star-model


Appendix A

IHI Clinical Microsystem Assessment Tool

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(IHI, 2003)
Appendix B

Transforming Care at the Bedside: A Healthcare Team Vitality Instrument

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<tr>
<td>6</td>
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<td>5</td>
<td>3</td>
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<td>4</td>
<td>4.75</td>
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<td>9</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>4.5</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3.25</td>
</tr>
</tbody>
</table>

(Upenieks et al., 2010)
Appendix C

San Louis Obispo County Psychological Safety Assessment

Q1 When someone makes a mistake it is often held against them.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
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<td>17</td>
<td>69</td>
<td>4</td>
</tr>
<tr>
<td>Total Respondents: 4</td>
<td></td>
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</table>

Q2 It is easy to discuss difficult issues or problems

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
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<tr>
<td></td>
<td>90</td>
<td>360</td>
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<tr>
<td>Total Respondents: 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q3 In this team people are sometimes rejected for being different.

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>4</td>
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</tbody>
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Total Respondents: 4

Q4 It is completely safe to take a risk on this team.

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>88</td>
<td>353</td>
<td>4</td>
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</tbody>
</table>

Total Respondents: 4
Q5 It is difficult to ask other members of this team for help.

Answered: 3  Skipped: 1

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>23</td>
<td>69</td>
<td>3</td>
</tr>
</tbody>
</table>

Total Respondents: 3

Q6 Members of this team value and respect each others' contributions.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>79</td>
<td>315</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Respondents: 4
Q7 Problems and errors in this team are always communicated to the appropriate people so that action can be taken.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>68</td>
<td>273</td>
<td>4</td>
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Total Respondents: 4

Q8 We often take time to figure out ways to improve our team's work processes.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
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<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>73</td>
<td>290</td>
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</tbody>
</table>

Total Respondents: 4
Q9 People talk about mistakes and ways we can prevent and learn from them.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>78</td>
<td>313</td>
<td>4</td>
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</tbody>
</table>

Total Respondents: 4

Q10 This team tends to handle conflicts and differences of opinion privately or offline, rather than addressing them directly as a group.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>80</td>
<td>320</td>
<td>4</td>
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</table>

Total Respondents: 4
Q11 This team frequently obtains new information that leads us to make important changes in our plans or work processes.

Answered: 4  Skipped: 0

<table>
<thead>
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<th>Total Number</th>
<th>Responses</th>
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<tr>
<td></td>
<td>71</td>
<td>283</td>
<td>4</td>
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</table>

Total Respondents: 4

Q12 Members of this team often raise concerns they have about team plans or decisions.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Average Number</th>
<th>Total Number</th>
<th>Responses</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>86</td>
<td>344</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Respondents: 4
Q13 This team constantly encounters unexpected hurdles and gets stuck.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>29</td>
<td>117</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Respondents: 4

Q14 We try to discover assumptions or basic beliefs about issues under discussion.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80</td>
<td>318</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Respondents: 4
Q15 People in this team frequently coordinate with other teams to meet organization objectives.

Answered: 4    Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>86</td>
<td>344</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Respondents: 4

---

Q16 People in this team cooperate effectively with other teams or shift to meet corporate objectives or satisfy customer needs.

Answered: 4    Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>86</td>
<td>344</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Respondents: 4
Q17 This team is not very good at keeping everyone informed who needs to buy in on to what the team is planning and accomplishing.

Answered: 4   Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>33</td>
<td>130</td>
<td>4</td>
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</table>

Total Respondents: 4

---

Q18 This team goes out and gets all the information it possible can from a lot of different sources.

Answered: 4   Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>68</td>
<td>271</td>
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Total Respondents: 4
Q19 We don't have time to communicate information about our team's work to other outside the team.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
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<tr>
<td></td>
<td>38</td>
<td>152</td>
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</table>

Total Respondents: 4

Q20 We invite people from outside the team to present information or have discussions with us.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
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<tr>
<td></td>
<td>76</td>
<td>303</td>
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Total Respondents: 4
Q21 Members of this team help others understand their special areas of expertise.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td></td>
<td>72</td>
<td>287</td>
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</table>

Total Respondents: 4

Q22 Working with this team, I have gained a significant understanding of other areas of expertise.

Answered: 4  Skipped: 0

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>AVERAGE NUMBER</th>
<th>TOTAL NUMBER</th>
<th>RESPONSES</th>
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<tr>
<td></td>
<td>75</td>
<td>298</td>
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</tbody>
</table>

Total Respondents: 4
Q23 The outcomes or products of our work include new processes or procedures.

(San Louis Obispo, n.d.)
**Appendix D**

**Evidence Table**

**PICOT Question:** (P) Does ANM retention in the float pool unit (I) improve after ANM team self-selected topics for leadership development, (C) compared to current practice, (O) result in higher levels of ANM team engagement and retention (T) within one year?

Evidence Table (Dang & Dearholt, 2018)

<table>
<thead>
<tr>
<th>Evidence Citation</th>
<th>Design</th>
<th>Sample</th>
<th>Findings</th>
<th>JHNEBP Appraisal Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abd-El Aliem &amp; Abou Hashish (2021)</td>
<td>Descriptive correlational</td>
<td>221 nurses and 60 nurse managers at a Saudi university hospital</td>
<td>A transformational leadership style has a positive impact on nurse motivation and engagement, creating a more resilient and involved workforce.</td>
<td>Appraisal Rating: III B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Strengths: Study findings correlate with research and literature review on leadership resilience and job involvement.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Limitations: A convenience sample of only female nurses in an academic setting completing self-reported questionnaires.</td>
</tr>
<tr>
<td>Evidence Citation</td>
<td>Design</td>
<td>Sample</td>
<td>Findings</td>
<td>JHNEBP Appraisal Rating</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Alexander et al. (2022)</td>
<td>Integrative review</td>
<td>9 articles published between 2005 and 2018 were reviewed for thematic content</td>
<td>Quality improvement barriers were leadership, education and training, resource constraints, data, culture, time, staffing, financial constraints, workload, physician impact, and resistance to change. Facilitators were leadership, education and training, culture, mentors/champions, data, time, and financial resources.</td>
<td>Appraisal Rating: III A</td>
</tr>
<tr>
<td>Blok et al. (2021)</td>
<td>Qualitative study</td>
<td>26 managers and nurse leaders in the Veterans Affairs healthcare system</td>
<td>There is a disparity between nurse leaders’ and nurse managers’ understanding of the role of the leader and their ability to impact staff engagement.</td>
<td>Appraisal Rating: III A</td>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Strengths: A thorough review of available evidence.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Limitations: The number of available studies.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Strengths: Highlights the themes that separate leaders in high- vs low-performing units.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Limitations: Limited to one healthcare system.</td>
<td></td>
</tr>
<tr>
<td>Evidence Citation</td>
<td>Design</td>
<td>Sample</td>
<td>Findings</td>
<td>JHNEBP Appraisal Rating</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------</td>
<td>--------</td>
<td>----------</td>
<td>-------------------------</td>
</tr>
</tbody>
</table>
| Shaughnessy et al. (2018) | Descriptive correlational | Convenience sample of 128 nurse leaders attending the ANCC Magnet Conference in 2016 | The areas of opportunity for current nurse leaders are providing a shared vision for the future, support for innovation, and risk-taking. | Appraisal Rating: III A  
Strengths: Highlights skills that are commonly lacking in current nurse leaders.  
Limitations: A convenience sample of predominantly White females, baccalaureate-prepared at minimum. |
| Wei et al. (2020) | Systematic literature review | A literature search of CINNAHL, MEDLINE, PsycINFO, Google Scholar with search criteria: burnout and leadership and nurses | Transformational and authentic leaders inspire and motivate nurses, improving nurse satisfaction and engagement while reducing burnout, ultimately improving quality-of-care outcomes. | Appraisal Rating: II A/B  
Strengths: 18 studies from 7 countries across the world were evaluated.  
Limitations: Results of qualitative studies quantified for analysis. |
Appendix E

Framework for Safe, Reliable, and Effective Care

Framework for Safe, Reliable, and Effective Care

© Institute for Healthcare Improvement and Safe & Reliable Healthcare


(Frankel et al., 2017)
Appendix F

Ace Star Model

Ace Star Model

(Stevens, 2004)
Appendix G

SWOT Analysis

**Strengths**
- speak-up culture
- information exchange during shift change
- performance results
- sharing information with providers and staff

**Weaknesses**
- bandwidth
- 2 open positions of the team
- lack of organization

**Opportunities**
- stocking supplies
- staffing
- sharing information

**Threats**
- multiple projects
- lack of staff
- pandemic
- defined identity
## Appendix H
### Budget

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<tr>
<td>Non-payroll</td>
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<tr>
<td>Total Costs</td>
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Appendix I

Cost-Benefit Analysis

Cost-Benefit Analysis

<table>
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<th>Item</th>
<th>Estimated cost/savings</th>
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<td>Savings</td>
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<td><strong>CBA</strong></td>
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<tr>
<td>Total Net Benefit</td>
<td>$699,950</td>
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<tr>
<td>B/C Ratio</td>
<td>$14,000</td>
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</table>
Appendix J

Hidden Cost Savings

Hidden Cost Savings

**Influencing Factors**

Engaged staff create and follow care bundles that increase the quality of care provided.
Engaged staff are empowered to meet and exceed the needs of the patients they serve.
# Appendix K

## Topic and Presenter Schedule

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
<th>Presenter</th>
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</thead>
<tbody>
<tr>
<td>June</td>
<td>Joy in Work – white paper</td>
<td>Kymberly Dexter</td>
</tr>
<tr>
<td>July</td>
<td>StrengthsFinder 2.0 (2017)</td>
<td>Kymberly Dexter</td>
</tr>
<tr>
<td>August</td>
<td>Rose Sherman (2022) – nurse manager burnout</td>
<td>Carter Todd</td>
</tr>
<tr>
<td>September</td>
<td>Providing and receiving feedback</td>
<td>Arpita Hinton</td>
</tr>
<tr>
<td>October</td>
<td>Boundary setting</td>
<td>Joshua Fox</td>
</tr>
<tr>
<td>November</td>
<td>Making a connection</td>
<td>Raquel Chong</td>
</tr>
<tr>
<td>December</td>
<td>Gratitude at work</td>
<td>Carter Todd</td>
</tr>
<tr>
<td>January</td>
<td>Careful communication</td>
<td>Arpita Hinton</td>
</tr>
<tr>
<td>February</td>
<td>Growth Mindset</td>
<td>Raquel Chong</td>
</tr>
<tr>
<td>March</td>
<td>Powers of persuasion</td>
<td>Joshua Fox</td>
</tr>
<tr>
<td>April</td>
<td>Decision making</td>
<td>Open for new hire ANMs</td>
</tr>
<tr>
<td>May</td>
<td>TBD</td>
<td>Open for new hire ANMs</td>
</tr>
</tbody>
</table>
Appendix L

American Nurses Association Code of Ethics for Nurses

Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2: The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4: The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

(ANA, 2015)
Appendix M

Evaluation Tool

1. What worked and what didn’t?

2. What would you like to see presented in the future?
## Appendix N

### Gantt Chart

**Float pool ANM engagement**

**Company Name:** Kaiser Permanente  
**Project Lead:**  
**Project Start:**  
**Display Week:**

### Progression

**Week 1**

<table>
<thead>
<tr>
<th>Task Description</th>
<th>andle</th>
<th>Progress</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form team</td>
<td>20%</td>
<td>May 2, 2022</td>
<td>May 2, 2022</td>
<td></td>
</tr>
<tr>
<td>Determine project scope</td>
<td>20%</td>
<td>May 2, 2022</td>
<td>May 7, 2022</td>
<td></td>
</tr>
<tr>
<td>Schedule initial meeting</td>
<td>20%</td>
<td>May 2, 2022</td>
<td>May 7, 2022</td>
<td></td>
</tr>
<tr>
<td>Determine roles and workflows</td>
<td>20%</td>
<td>May 9, 2022</td>
<td>May 12, 2022</td>
<td></td>
</tr>
</tbody>
</table>

### Industry Changes

**Baseline engagement assessment**

*ANM team*

**Identify themes from assessment**

*ANM team*

**Survey team for meeting cadence**

*ANM team*

**Team SWOT analysis**

*ANM team*

**Identify meaningful subject matter**

*ANM team*

### Test Changes

**Joy in work/white paper**

*ANM team*

**Strengthsfinder**

*ANM team*

**Leadership development series**

*ANM team*

**Offer “udent to lead”**

*ANM team*

### Implementation and Maintenance

**Revisit/evaluate baseline assessment tools**

*ANM team*

**Monitor engagement scores on people pulse**

*ANM team*

**Build survey to evaluate impact delivery**

*ANM team*
Appendix O

Project Charter

Template: QI Project Charter

Team:
Float pool ANM team: Joshua Fox, Carter Todd, Arpita Hinton, Raquel Chong, Kymberly Dexter, Ryan Sutherland

Project: Improving the heart and Soul of engagement of the float pool team

Sponsor: Ryan Sutherland

Project Start Date: 5/2/2022

Last Revised: 5/10/2022

What are we trying to accomplish?

Problem
Describe in 2 to 3 sentences the existing condition you hope to improve (i.e., the gap in quality).

People Pulse engagement scores for December 2021 were 64. This is 5 point decrease from the regional average and a 9 point decrease from the April 2021. As the facility strives toward magnet status, staff engagement is key to driving meaningful and sustainable a change.

Project Description (defines what)
Document your current thinking about the activities of the project (e.g., design a new process, improve an existing product or service, etc.). Note the subsystem, pilot population, and/or demonstration unit where the work will take place. Consider including your long-term vision and short-term project goals.

The IHI Microsystem assessment tool (MAT), the Transforming Care at the Bedside survey, and the Yale psychological safety assessment tool will be administered pre and post-intervention. Interventions will include strengths finders 2.0 assessment tool with debriefing to the team, journal club with the IHI Joy in Work white paper. A leadership development series will be added to monthly team meetings with a 30-minute allotment of time.

Rationale (defines why)
Explain why the current process or system needs improvement. If possible, include baseline data and other benchmarks.

The current system of driving is top down from region, to be implemented at sites across the region. This does not permit staff engagement and problem solving at the level of the frontline staff.
**Expected Outcomes and Benefits**

How will this improvement benefit the team, the organization, customers, and/or the community? What is the business impact, such as reduced costs or other financial benefits?

The global aim is to increase People Pules scores pertaining to staff engagement prospectively on a quarterly basis compared to the 12/2021 baseline. An engaged staff increases quality outcomes and improves patient safety, driving down liability risks to the institution.

**Aim Statement**

What outcome are you hoping to achieve? Specify how good, for whom, and by when (a specific date).

By June 30, 2022, Assistant Nurse Managers (ANM’s) in the float pool will report increased engagement 15% from baseline via pre and post intervention surveys administered at a mid-sized non-profit community hospital in Placer county.

**How will we know that a change is an improvement?**

When defining your project-level measures, provide operational definitions, which specify unambiguously how to derive each measure, and be sure to define numerators and denominators in measures such as percent or rates.

**Outcome Measure(s)**

List the measure(s) you ultimately want to affect as a result of this project.

1. Microsystems Assessment Tool, Transforming Care at the bedside and Yale psychological safety scores reflect increased engagement by the float pool ANM team.
2. 4/4 ANMs in the Float pool leadership team at the start of the project, are retained in their roles for 1 year.

**Process Measure(s)**

List the measure(s) that will tell you if the system is performing as planned to affect the outcome measure.

1. ANM team completes intervention tasks, prepares and de briefs findings, and learnings to the team.
2. Team members volunteer to lead topics in the leadership development series.

**Balancing Measure(s)**

List the measures that will tell you whether you are introducing problems elsewhere in the system.

ANM leaves team for reasons other than promotion.
What changes can we make that will result in improvement?

Initial Activities
Consider starting by exploring the process or system you are trying to improve with tools such as interviews, direct observation, cause and effect diagrams, driver diagrams, and process maps/flowcharts.
Baseline data will be gathered by offering MAT and Yale psychological surveys to the ANM team for the float pool.

Change Ideas
What ideas do you have for initial tests of change (Plan-Do-Study-Act cycles)?
The Strengths Finder 2.0 will by used to assist the team in identifying their individual strengths and how they lead successfully by building on these core attributes. A journal club with the IHI white paper for Joy at Work will be the topic for the journal club. The Rose Sherman blog is another source to spark discussion for the team. A leadership development series will be added to monthly team meetings with an opportunity for team members to volunteer to lead topics.

Key Stakeholders
Whose input and support will this project require? How will you engage these key stakeholders?
Ryan Sutherland is the preceptor for this team and will support the work with impact and feedback on the process and structure of the change model. Daniel Moffit is the director of the department and will support the work of the team with the potential to spread it should substantial increase in engagement be actualized.

Barriers
What barriers do you predict to your success? How will you overcome these barriers?
The time and focus required to complete assessment tools and intervention activities is a potential barrier to success.

Boundaries
List any guidelines for the team, including project constraints, rules or procedures, technology considerations, what is out of scope, etc.
This project encourages team introspection, analysis, and expression of personal contributions to the team. Respectful communication and validation of others’ analysis of their contribution are required to foster a safe environment for growth.
Appendix P

IRB Non-Research Determination Form

CNL Project: Statement of Non-Research Determination Form

Student Name: Kymberly Dexter

Title of Project:
Increasing the Heart and Soul of Team Engagement of the Float Team

Brief Description of Project:

A) Aim Statement:
By June 30, 2022, Assistant Nurse Managers (ANM) in the Float Pool will report increased engagement by 15% from baseline via a pre/post survey administered at a medium-sized non-profit community hospital in Placer County.

B) Description of Intervention:
The IHI microsystem assessment tool with an open ended question added and the Yale psychological safety survey will be administered before and after an intervention to evaluate the impact on team engagement.

C) How will this intervention change practice?
Improved engagement within the ANM team will role model and define interventions to use with staff to increase staff engagement to drive change and stimulate a culture of continuous learning.

D) Outcome measurements:
The global aim is to increase People Pulse scores pertaining to staff engagement prospectively on a quarterly basis compared to the 12/2021 baseline.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:
(http://answers.hhs.gov/ohpp/categories/1365)

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

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

Comments:
EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *
### Instructions: Answer YES or NO to each of the following statements:

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving the heart &amp; soul of care engagement in the Float Pool Team</td>
<td>X</td>
</tr>
<tr>
<td>By June 30, 2022, Assistant Nurse Managers (ANMs) in the Float Pool will</td>
<td></td>
</tr>
<tr>
<td>report increased engagement by 15% from baseline via a pre/post survey</td>
<td></td>
</tr>
<tr>
<td>administered at a medium-sized non-profit community hospital in Placer</td>
<td></td>
</tr>
<tr>
<td>County.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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**STUDENT NAME (Please print):** Kymberly Dexter  
**Signature of Student:** [Signature]

**DATE 5/1/2022**

**SUPERVISING FACULTY MEMBER NAME (Please print):** Catherine M. Coleman  
**Signature of Supervising Faculty Member:** [Signature]

**DATE 5/3/22**