



COLLEGE OF NURSING
AT CALIFORNIA BAPTIST UNIVERSITY

Take Me To Your Leader: Building Future Nurse Leaders

By

Patricia Soltero Sanchez

California Baptist University

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Dedication

It is with great love, respect and admiration that I dedicate this DNP project to the following people:

My husband, David-this has been a journey! You held my hand and my heart through all the ups and downs. I couldn't have done this without your unconditional love and support.

My daughters, Grace and Marissa-this is for you! I want you both to know that you can do whatever you want; no matter your age or circumstance in life.

My friend, Susan C-your constant encouragement got me to this point. I wish you were here to see this day, but I know that you are cheering me on from above.

My parents, Karen and Rudy- the foundation that you both have instilled in us to obtain a higher education has brought me to this point. I hope that I can always be the nurse that makes you proud.

Acknowledgements

“For I know the plans I have for you,' declares the Lord, 'plans to prosper you and not to harm you, plans to give you a hope and a future. ''' (Jeremiah 29:11)

Thank you, Lord for having a plan for me, answering my prayer with California Baptist University and the ability to successfully participate in and finish this program.

“Therefore encourage one another and build each other up, just as in fact you are doing.”

(1 Thessalonians 5:11)

I am grateful for the support of all my family and friends. Your encouragement, prayers, and love made this possible.

“Instruct the wise and they will be wiser still; teach the righteous and they will add to their learning.” (Proverbs 9:9)

I am indebted to all the professors at CBU who have instructed and guided me through this process. I would like to especially acknowledge Dr. Shields, Dr. Robertson, and Dr. Gage for your wisdom, experience, and prayerful support.

Take Me To Your Leader: Building Future Nurse Leaders

Executive Summary

This Doctor of Nursing Practice (DNP) project involved the development of a nurse leadership program designed to support, nurture, and grow future nurse leaders for the Los Angeles County Department of Health Services (DHS) at Rancho Los Amigos National Rehabilitation Center (RLANRC). A nurse leadership program was necessary at the local level because RLANRC anticipated a turnover in its nurse managers and leaders within the next 5-10 years (Aries J. Limbaga, personal communication, October 11, 2019). The impact from the increasing number of vacancies created an emergent need to address leadership vacancies as the number of nurse manager vacancies more than doubled in 1 year. The nurse leadership program objective was, thus, designed to meet the anticipated demand for future nurse leaders at RLANRC. This project aimed to develop a program that provided RLANRC nurses with the additional leadership education, support, and experience needed to transition into the anticipated future leadership vacancies within the organization. The outcome of this evidence-based approach was to grow nurses into competent and confident leaders. The program supported current national trends in nursing leadership development. (Sherman, Schwarzkopf, & Kiger, 2013).

The program was built in collaboration with front-line staff, charge nurses, and nursing leadership. The program involved developing a leadership curriculum, supporting participants in the form of mentoring opportunities and follow up sessions, developing a charge nurse competency tool, revising the organization's charge nurse policy, creating a standardized charge nurse hand-off tool, and planning for the future development of supporting methods to address identified gaps in the leadership program. Participants were assessed by their nurse managers

before program participation to determine leadership skill baselines and after the program completion to identify leadership skill growth. The participants' improvement and professional growth are scheduled to be evaluated annually to monitor performance. The program was successfully implemented and delivered positive outcomes for the participants and for the organization.

Problem Statement and Significance

The United States government predicted that America's nursing shortage would be between 800,000 to one million nurses, with a significant number of those vacancies being nurse leaders (Titzer & Shirey, 2013). It had been forecasted that in the year 2020, a considerable number of the current nursing workforce will have already retired (AMN Healthcare website, 2019). With this data as evidence of current and near-future staffing deficiencies, RLANRC's nursing leadership needed to respond quickly to ensure the vacancies of nurse leaders at all levels are filled with adequately prepared nursing staff. Because RLANRC had already experienced twice as many nurse leadership vacancies in fiscal year 2020-2021 when compared to fiscal year 2019-2020, RLANRC would not be positioned to fill the future anticipated nurse manager and leadership vacancies with well-qualified nurses without a nurse leadership program in place.

Currently, RLANRC has begun the Magnet application process. One of the required elements of the Magnet application is evidence of a succession planning program. The chief nursing officer's (CNO) responsibility is to advocate for continued leadership development for all nurses, emphasizing mentoring, professional development, and succession planning (American Nurses Credentialing Center, 2019). Implementing a nurse leadership program

demonstrates nursing leadership's commitment and the organization's commitment to succession planning and building qualified future nurse leaders.

Succession planning through a structured nurse leadership program instead of a replacement hiring process leads to successful on-boarding and continued leadership success. A standardized nurse leadership program would help build a pool of qualified future leadership applicants. When a nurse successfully transitions into a leadership role after participating in a leadership development program, it can be anticipated that their leadership skills will positively impact staff morale and productivity, staff engagement, patient outcomes, and nurse retention (Spiva et al., 2020).

Environmental Context

Hospital Overview

Rancho Los Amigos National Rehabilitation Center is a 289-bed acute care and rehabilitation hospital within the Los Angeles County Health Services Agency (Appendix A). The hospital is accredited by The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities. RLANRC employs approximately 350 registered nurses. The hospital is located in Downey, California (Rancho Los Amigos-Health Services Los Angeles County, 2016).

Strengths, Weaknesses, Opportunities, and Threats

SWOT Analysis: Nurse Leadership Program

<u>Strengths</u>	<u>Weaknesses</u>	<u>Opportunities</u>	<u>Threats</u>
<ul style="list-style-type: none"> Organizational and system support Identified need for 	<ul style="list-style-type: none"> New program to RLANRC Generic leadership program available is 	<ul style="list-style-type: none"> No existing program available to charge nurses Creates standardization 	<ul style="list-style-type: none"> Evening and night shift reluctance to participate Loss of shift differential

Magnet application <ul style="list-style-type: none"> • Labor Union support 	not specific to nursing leadership	of charge nurse workflow <ul style="list-style-type: none"> • Career growth opportunity 	<ul style="list-style-type: none"> • Staff need to rearrange care/home life arrangements • Difficult to recruit newer nurses
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Strengths

Several strengths supported the development of this project. First, DHS and RLANRC leadership identified the need for nurse succession planning and nursing leadership development as an enterprise goal and supported the development of this DNP project. Secondly, the development of the nurse leadership program met a required element for obtaining Magnet hospital accreditation. Both of these organizational goals supported project implementation.

Lastly, RLANRC has a strong relationship with the labor union, Service Employees International Union (SEIU), representing the front-line nursing staff. Financial support for professional development had been incorporated into the current memorandum of understanding. The nurse leadership development program sufficed as an available career development option supported by the nurse labor union.

Weaknesses

Although Los Angeles County has established a program for organizational leadership development, the program did not explicitly address principles of *nurse* leadership. It did not provide the scope that nurse leaders require to lead and run nursing units or departments. Due to the limited focus of the existing program, nurses were not motivated or widely encouraged to participate.

Because the DNP project was a *new* leadership program to be implemented at RLANRC, existing staff expressed an initial apprehension to participate, questioning whether this program

would meet their leadership development needs. The inability for staff to initially embrace the program required nurse leadership to advocate for staff involvement. Nurse Managers needed to explain this program's importance and justify the need for staff to be scheduled to attend the program.

Opportunities

Implementing a nurse leadership program allowed for standardization of nurse workflows, targeting the charge nurse role at RLANRC and potentially DHS-wide. This standardization process began at RLANRC and will, then, potentially be transitioned to other DHS facilities. The charge nurses' problems at RLANRC are no different from the problems faced by the charge nurses at other DHS hospitals. It can be expected that workflow standardization can effectively increase charge nurse productivity. The program would, also, decrease potential risks by helping charge nurses to better anticipate and manage problems.

This nurse leadership program is a means of providing nurse career development and professional growth. The professional development that RLANRC provided to its charge nurses sent a positive and encouraging message to the nursing staff. It conveyed that RLANRC valued the current workforce and wanted to sustain their employment within the organization or within DHS by providing opportunities for growth and professional development.

Threats

Possible obstacles or complications with the implementation of this project were identified. Evening and night shift nurses receive a shift differential when working their regular shifts. The evening and night shift nurse participants would not be granted their standard shift differential by participating in the two-day program which was given during daytime hours. In addition, night shift nurses were reluctant to participate in the two-day program preceding or

following a night shift assignment. The program may be adjusted in the future to better accommodate evening and night shift nurses.

Evening and night shift nurses also hesitated to participate in the nurse leadership program due to dependent care issues. Nurses participating had to alter their dependent care arrangements due to this temporary change in their work hours. Having to make these choices may have deterred some of the nurses in participating in the program.

Recruitment of newer or less seasoned nurses to participate in the program was also challenging. Nurses who have recently entered the workforce tend to be more transient and wish to seek positions that offer better work-life balance and flexible schedules (Chung, 2016). These nurses preferred to move amongst hospitals and to seek outside opportunities that fit their lifestyles and goal aspirations. Since this generation of nurses would make up most of the future workforce, RLANRC's leadership needed to understand these generational differences, adjust workflows, provide career development opportunities, and offer learning strategies to encourage participation.

Faith Integration

Nursing leadership has always had a professional responsibility to provide strong leadership for staff. Mark 10:43-45: "But whoever would be great among you must be your servant, and whoever would be first among you must be slave of all. For even the Son of Man came not to be served but to serve, and to give his life as a ransom for many." Current nurse leaders have a moral, ethical, and faith-based obligation to serve by encouraging, supporting, and nurturing the next generation of nursing leadership.

Today's nurse leaders are also called to serve patients. With the introduction of the Affordable Care Act and the increase in the availability of patient choices, nurse leaders need to

direct improvements in all aspects of organizational leadership, including publicly reported data and scores in order to serve staff and patients better. Although no longer a front-line nurse, the nurse leader needs to have a heart for serving patients.

Matthew 16:18: "I also say to you that you are Peter, and upon this rock I will build My church; and the gates of Hades will not overpower it" shows that Jesus develops and implements a successful leadership plan within the Church. During His time on earth, Jesus did what nursing is attempting to do today by giving nurses the opportunities to be coached and practice skills needed to lead successfully. He identified disciples or leaders and provided them with the necessary instruction and guidance needed to continue the mission after His death and resurrection. Christ's leadership program focused on serving those future leaders with quality training and talent development.

Nurse leadership has been asked to serve patients and front-line staff similarly. Nurse leadership development programs ensure that nursing's professional and philosophical continuity is sustained. The level of service provided to front-line nurses through a nurse leadership development program create nurse leaders who are confident and able to build and maintain a workforce that impacts positive staff and patient outcomes. Through the example of Christ's church leadership planning, this process has been shown to be vital to an organization's success.

Theoretical Framework

Many successful organizations have had programs in place to provide leadership development to the future generation of leaders. Nurse leadership programs have been a needed element in hospital operations but is often missing. This disparity has been an identified weakness among the charge nurses at RLANRC. The current charge nurse pool at RLANRC lacked a structured orientation for the position. The assignment to a charge nurse position did not

consider the level of experience possessed by the nurse assuming the role. Historically, the nurses assigned to be in charge only received a brief orientation covering a few significant aspects of the role and were not assessed for role competence.

The importance of the charge nurse role combined with the missing role development and varying levels of charge nurse role expertise prompted an urgent need to develop a program at RLANRC for current and future charge nurses. This support gap led to the identification and utilization of Benner's Novice to Expert and Kotter's 8-Steps to Leading Change theoretical frameworks to develop the leadership program. These frameworks provided a clear pathway to successfully developing and implementing a program to prepare nurses for future leadership. These theoretical frameworks assisted the organization to fill the identified gap in leadership development and to begin the succession planning process.

Novice to Expert

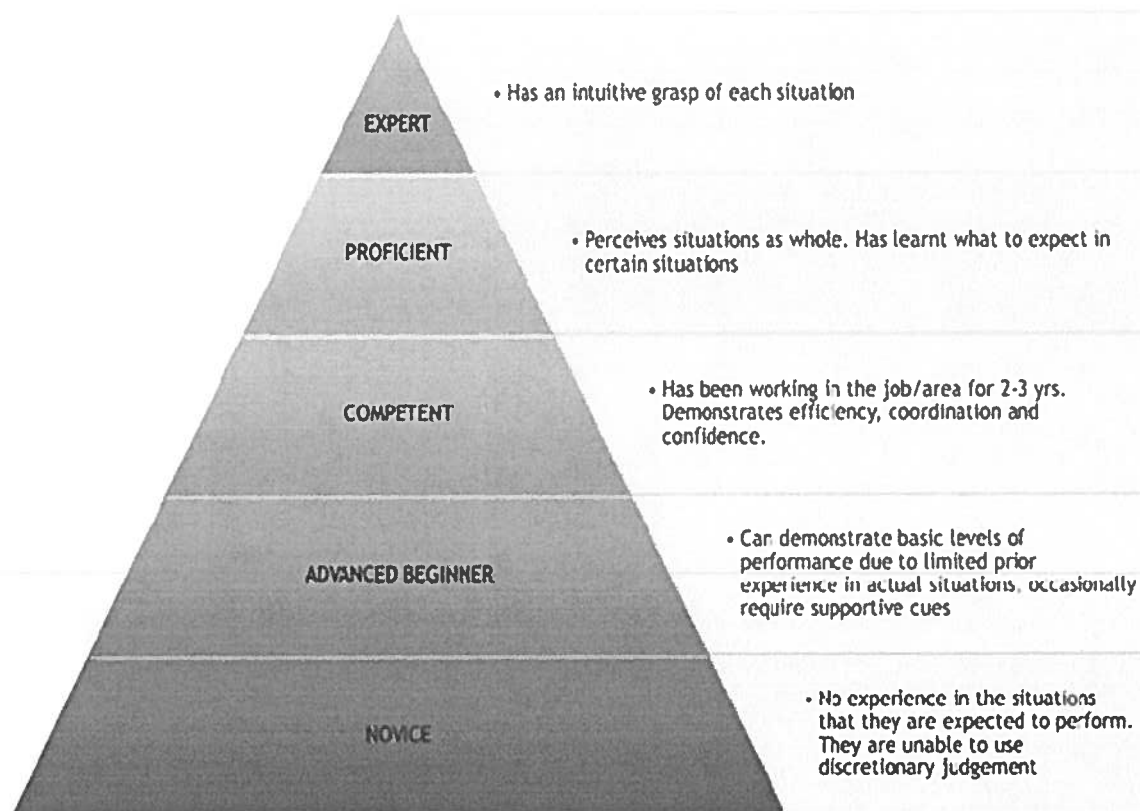
Patricia Benner's Novice to Expert theoretical framework has been the preferred framework to utilize when assessing for clinical skills attainment. Though the RLANRC nurses in leadership positions did not need *clinical* skill acquisition, Benner's Novice to Expert model was used to address nurses' *leadership* skill acquisition. The Novice to Expert theory helped assess where the charge nurses began on the leadership skill continuum and then assessed their growth through new skill acquisition and skill refinement. Nurses who participate in a nurse leadership program experience leadership skill evolution similar to clinical skill acquisition based on Benner's five learning levels.

Benner's (1982) Novice to Expert theory incorporated five levels of nurse learning. The levels of nurse learning are described as novice, advanced beginner, competent, proficient, and expert (Titzer, Shirey, & Hauck, 2014). The nurse learners entering the program had varying

levels of charge nurse mastery. The nurse leadership program has been developed to teach and develop the nurses at their identified level of learning and experience and to support them to expert level.

Figure 1

Benner's Novice to Expert Theory



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Eight Steps to Leading Change

John Kotter's theoretical framework for change provided a model that supported the initiation and sustainability of a change initiative within RLANRC that could be accomplished at an accelerated pace. Kotter's framework for change allows leaders of inhibited organizational cultures to build successful and sustainable performance improvement changes in the present and for the future (Kotter, 1996). The utilization of Kotter's 8 Steps to Leading Change provided the

DNP project lead a roadmap for creating, implementing, and sustaining a new nurse leadership program.

The nursing department's lack of leadership development prompted a critical need to build a leadership program specifically for charge nurses. The DNP project lead gathered a team of RLANRC's front-line nursing staff and nursing leadership to assist in developing the program. Based on the 8 Steps for Change theory, the program was designed to meet the current leadership development needs, create competent charge nurses, and initiate a departmental change to produce an ongoing and sustainable program for the nursing department (Kotter, 1996). Using this framework, nursing leadership successfully prepared and produced a program that provided leadership development to all charge nurses.

Figure 2

Kotter's 8 Steps for Change Theory



Literature Review

PubMed and MEDLINE databases were searched for charge nurse and leadership development-related articles published between 2000 and 2021. The search yielded over 2,000 articles. A total of 114 articles were identified to be used for evidence synthesis.

Using the keywords “charge nurse development” yielded 48 articles supporting the need for developing a nurse leadership program that would focus on the role of the charge nurse. The literature revealed that leadership development targeted at charge nurses is a relatively new concept. A recently published literature review for charge nurse leadership development (Delamater & Hall, 2018) identified one of the earliest pieces of evidence regarding charge nurse leadership development was first published in 2010.

The start of charge nurse inclusion in leadership development may directly be correlated with the robust movement for hospitals to obtain the Magnet designation which began in the early 2000s. Magnet standards specified the need to involve the clinical nurse with leadership development as a step in the succession planning process. The addition of charge nurses in leadership development acknowledged the valuable role that charge nurses play within the hospital and confirmed that organizational management recognized that their continued growth was vital to maintaining effective clinical operations (Spiva et al., 2020).

By searching the keywords “succession planning, nurse leadership, and leadership development”, 28 articles documented the value of various types of leadership development that have been created specifically for nurses. Most of these articles cited the need for developing professional growth programs for nurses starting at a middle manager up to the executive level. Few articles included the charge nurse in these professional development programs.

When utilizing the keywords “nurse recruitment, nurse retention, and staff satisfaction”, 15 articles confirmed that staff satisfaction affected nurse recruitment and retention. Scammell (2018) notes that nurses who felt appreciated and received continued professional development were more likely to stay within the organization.

When adding the Boolean operators “with” and “for” to the keywords “professional development, generational differences, millennials, and baby boomers”, the available information pointed to a continuing shift in the current and future workforce. The review of 11 articles revealed the need for organizations to recognize the new generations that will make up the workforce and identify and address their unique needs. The articles also described that the favored methods of learning were changing with the newer generation of nurses. Leadership development opportunities needed to grow and change to accommodate the generational learning differences of nurses and the technological advances of our society.

Evidence Synthesis

The literature review showed overwhelming support for nurse leadership programs for nurses in the charge nurse role in preparation for succession planning and continued organizational growth and success. Evidence in the literature supported that a nurse leadership program targeted at charge nurse development provided a proactive approach to succession planning. The literature demonstrated that charge nurse leadership development improved nurse recruitment results and decreased nurse turnover. There was evidence that implementing a structured charge nurse leadership development program fulfills a Magnet program standard, is a leading attraction for new nurse applicants as a recruitment tool and encourages greater staff engagement. Finally, the literature supported recognizing the generational differences in nurse

workforce and supporting the newer generations' career development needs to address the future changing workforce.

Proactive Leadership Development

Most successful non-healthcare-related organizations have succession plans in place. Nursing has traditionally fallen short of developing such processes. This gap has recently led to proactive nurse succession planning becoming an essential part of the hospital's organizational goals. With this historical lack of proactive nurse succession planning, in combination with an increasing exodus of current nursing leadership, nursing had found itself ill-prepared to adjust and fill these vacancies with competent nurse leaders. Additionally, impacting the disparity were the numbers of retiring nurses. AMN Healthcare (2019) suggests that there has been an 11% increase in nurses retiring in 2017 compared to 2015. RLANRC experienced a 7% increase in nurse turnover during fiscal year 2020-2021.

RLANRC's existing organizational nursing leadership needed to proactively identify and develop mechanisms to support staff interested in becoming or currently in nursing leadership roles. Leadership efforts involving the charge nurse were typically lacking in RLANRC's nurse leadership development programs. Without this proactive approach, newly promoted nurse leaders feel less than adequately prepared for their new role (Titzer & Shirey, 2013).

Because younger nurses displayed less interest in moving into an administrative position, a proactive stance in identifying newer nurses who show an interest in a future leadership role is essential (Chung, 2016). A proactive identification leads to successful career development for the nurse and produces strong succession planning candidates for the organization. This DNP project nurse leadership program started with the identification of interested informal nurse leaders and then encouraged and supported nurse leadership as a career and organizational goal.

Chung (2016) also identifies the differences in the current workforce generations and addresses those generational differences in identifying and preparing the next cadre of nurse leaders. The development and implementation of a program that addresses the unique needs of its audience is key to a program's success. It is crucial to identify the current generations making up the existing workforce, recognize their learning styles, and obtaining the prospective audience's feedback (Bateman & King, 2020). An effective nurse leadership program enables the organization to utilize individuals who have been adequately prepared for transitioning into a leadership position.

Nurse Recruitment and Retention

Nurse recruitment and retention can be seen as an additional benefit of a charge nurse leadership program. Titzer, Shirey and Hauck (2014) documented high nurse retention outcomes and job promotional rates associated with nurses who completed a nurse leadership program. Having an organizational leadership that promotes developmental activities and opportunities, such as a nurse leadership programs, reinforces a culture of staff empowerment and results in improved staff satisfaction, increased loyalty, and a more substantial commitment to an organization (MacPhee et al., 2014). A lack of a nurse leadership program has shown to create a void in an organization's ability to recruit and retain nurses who will eventually be needed to fill the anticipated demand for future nurse leaders (Griffith, 2012).

Price and Reichert (2017) also described that career development programs for nurses demonstrated an organization's positive commitment to investing in the nurse's professional development. This effort to improve charge nurse performance acted as a method to impact the organization's culture and decrease turnover. Nurses benefited from the provided support and remained loyal to an organization that invested in their continued professional development.

Magnet Hospital Designation and Staff Engagement

A nurse leadership program was especially evident within the Magnet recognition standards set forth by the American Nurses Association (ANA) and the American Nurses Credentialing Center (ANCC). One of the Magnet standards and guidelines specifically refers to having a succession planning process that prepares nurses to take on leadership positions (American Nurses Credentialing Center, 2019).

When an organization is seeking Magnet designation, Martin and Holskey (2013) describe the organization's need to provide evidence of increased staff engagement. Improved staff engagement scores were related to implementing a nurse leadership program that identified and addressed topics suggested by front-line staff utilizing the shared governance model of Magnet hospitals.

Magnet hospital designation has been one of the highest and most sought-after recognitions for nursing and healthcare organizations. This accreditation has often been used as a recruitment tool for nurses and other health professionals. Hospitals that possessed Magnet characteristics, including nursing leadership programs, attracted a higher volume of nurse applicants, produced better patient outcomes, and had lower nurse turnover rates when compared to non-Magnet hospitals (Upenieks, 2003). The Magnet standards have been based on organizational behaviors and characteristics that produce positive outcomes for patients and staff. Professional development, education, and succession planning have been critical points for organizational success in attaining Magnet accreditation (American Nurses Credentialing Center [ANCC], 2019).

Project Objectives

Utilizing the Plan, Do, Study, Act (PDSA) methodology, SMART goals were identified that were specific, measurable, achievable, relevant, and time-sensitive (Appendix B). The PDSA process was a step embedded into Kotter's 8 Steps for Change process. This mechanism allowed collaboration between front-line nursing staff, nurse educators, and nurse leaders to develop goals and outcomes to create a sustainable program addressing staff development, charge nurse retention, and job satisfaction.

Professional Development

The nurse leadership program for RLANRC provided an opportunity to develop prospective nurse leaders. Participants were nurses who were currently a permanent or relief charge nurse. The objective was to provide leadership development for these participants and document their competence when performing the charge nurse role. This program offered nurse participants enhanced knowledge of hospital operations, patient flow, and leadership skills. The nurse leadership program helped the nurses who function in a charge nurse role to broaden their understanding of the role and responsibilities related to clinical and departmental leadership.

A participant evaluation tool (Appendix C) was developed with 17 performance elements. Participants' supervisors were to employ the tool before the program and no more than six months after program completion. The tool served several purposes. First, it provided a baseline of the charge nurse's leadership behaviors and abilities before program participation. Second, the post-program tool assessed the charge nurse's ability to apply new knowledge and understanding into the charge nurse role. Lastly, this tool would be used annually for performance evaluation to establish progress or identify areas of needed improvement. Based on the Novice to Expert theory, each program participant should see a positive leadership skill

progression. An analysis of the first program's cohort results showed that 92% of the participants showed improvement in 4-10 of the 17 performance elements.

Separate from the evaluation tool, nurse managers completed a Charge Nurse Competency Validation survey for each participant (Appendix D). This one-time use tool was used to document that the charge nurse has acquired the skills needed to perform this role competently. This competency validation closed the loop on the on-boarding process for charge nurses.

Charge Nurse Turnover

Another objective of RLANRC's nurse leadership program was to decrease charge nurse turnover. It was predicted that nurses participating in this program would have their professional needs met, thus creating organizational fidelity and tenure. The goal was to increase nurse loyalty to the hospital while providing for career advancement eligibility.

Enterkin, Robb and McClaren (2013) described these effects. Improved nurse retention was attributed to nurses who were offered opportunities to participate in leadership development programs. Without nurses feeling empowered through professional development, it was speculated that there would be no allegiance or loyalty to an organization. Staff nurses reported a lack of professional development as a reason for leaving an organization (Scammell, 2018).

Through the implementation of this project, leadership hoped to see improved charge nurse retention rate as nurses discovered opportunities for advancement and experienced increased job satisfaction. The goal was that from June to November 2021, there would be at least a 75% retention rate for nurses who participated in the nurse development program. Nurse recruitment data were assessed monthly for retention and turnover. The variance to these data would be nurses that left RLANRC to promote within the DHS system. Those exits will be

considered a positive turnover. With the implementation of the nurse leadership program, there has been zero turnover of charge nurses who have participated in the program.

Charge Nurse Satisfaction

An additional objective of implementing a nurse leadership program was to demonstrate an increase in charge nurse role satisfaction. Organizations that effectively selected, hired, and on-boarded new nurse leaders created an element that improved the work setting (De Gieter, Hofmans, & Pepermans, 2011). The improvement in team building by incorporating well-prepared nurse leaders promoted satisfied, cohesive, and more efficient teams (Savage, Lauby, & Burkard, 2013). This program assisted in the creation of a more positive and engaging work environment and culture. Positive work environments have been shown to increase nurse job satisfaction (Baernholdt & Mark, 2009). Nurse participants were surveyed regarding charge nurse role satisfaction before attending the program and after completing the program. The results of these surveys showed positive changes in role satisfaction.

Charge Nurse Role Satisfaction

Pre-Program

June 15, 2021

On a scale of 1 (low) to 10 (high), please rate how satisfied you are with your role as a charge nurse.

Very dissatisfied

Very satisfied

1	2	3	4	5	6	7	8	9	10
			5%	5%	5%	45%	23%	12%	5%

Post-Program

October 22, 2021

On a scale of 1 (low) to 10 (high), please rate how satisfied you are with your role as a charge nurse.

Very dissatisfied

Very satisfied

1	2	3	4	5	6	7	8	9	10
					14%	29%	14%	14%	29%

Implementation

The Rancho Los Amigos National Rehabilitation Center's nurse leadership program began as a DHS-wide succession planning initiative. The original vision was to implement a yearlong program, occurring monthly with different leadership topics presented to various levels of nurse leader participants recruited from throughout the DHS. This program was to be done in collaboration with a DHS-selected consultant. The consultant was to provide a set of pre-arranged topics integrating the mission of DHS and expected leadership performance outcomes. The consultant was also scheduling mentorship opportunities for the participants. Program and topic relevance to the participant's role was to be assessed after each class. The first class met on February 5, 2020.

On March 16, 2020, the decision was made by DHS to suspend all class sessions system-wide due to the onset of the coronavirus and the unknown ramifications that this infectious process posed. The hope was that by June 2020, hospital operations would revert to regular operations, and in-person classes could begin again. The implementation of the original project was delayed due to the pause of in-person courses. DHS staff then began to be reassigned from non-patient care to patient care areas to support the efforts required to meet the patient care needs of the coronavirus surge.

The coronavirus surge severely began to affect the Los Angeles County DHS in September 2020, lasting through May 2021. In February 2021, the decision was made in collaboration with CBU College of Nursing faculty to revise the leadership development program plan. The revision included narrowing the project's scope and implementing a nurse leadership program within the local agency rather than a system-wide multi-level nursing leadership program. This revision would be within the theme and context of the original, approved IRB proposal (Appendix E).

A *charge nurse* leadership program was then identified as a needed component of nurse professional development at RLANRC. The project team developed and implemented a leadership program for nurses assigned to the charge nurse role. A competency-based approach to charge nurse leadership development was established based on the Novice to Expert theory. A collaborative effort was made by nursing leadership, nursing education, and permanent charge nurses based on Kotter's theory of change. Program development included curriculum building, selecting participants, providing administrative support, completing logistical tasks, and developing continued support for the charge nurse role. In-person learning was re-instituted throughout DHS on June 1, 2021. The first of 2 program sessions were scheduled for June 15, 2021. The second session was scheduled for October 22, 2021.

Program and Curriculum Development

Because there was no existing nurse leadership program and no structured orientation process for charge nurses, a proposal presentation was given to inform the current nursing leadership (Appendix F). This overview provided insight into the proposed project, including the rationale for professional development, a theoretical framework based on Benner's Novice to

Expert, participant selection, the suggested topics for curriculum development, continued support of the role, and the data that would be collected.

The proposal presentation was then given to the existing charge nurses. After the presentation, the suggestions made by nursing leadership were presented to the charge nurses. The charge nurses provided their feedback, and their recommendations were added to the teaching topics (Appendix G).

Employing Kotter's theory for implementing change, the nursing leadership team then provided feedback related to topics for presentations and program implementation. Discussions related to the need for a charge nurse leadership program led to the utilization of a PDSA tool. Continued collaborations utilizing Kotter's 8 Steps for Change process allowed the team to develop SMART goals and measurable outcomes for the program.

The program involved the development of a curriculum that would be conducted annually, over 2 separate days, with topics including human resource management, accountability, coaching, performance management, and conflict resolution. There would also be presentations on unit processes, quality improvement, team building, emergency responses, and service recovery (Appendix H). The program also involved developing continued support in the form of follow up sessions, mentoring opportunities, development of a charge nurse competency tool, revision of the organization's charge nurse policy, creation of a standardized charge nurse hand-off tool, and the future development of support methods to address identified gaps in the leadership program.

This program was scheduled to be offered annually in two parts, no more than six months apart, to nurses at RLANRC who held a permanent charge nurse assignment or were assigned as

a relief charge nurse. Participants were required to have had at least one year of service post successful probation completion. The same nurses participated in both sessions.

Unit nurse managers selected staff to participate. The nurse manager completed a charge nurse evaluation of the nurse participant before the course (Appendix C). The same assessment was completed after the second session to assess the charge nurse's ability to apply new knowledge and understanding into their charge nurse role. Participants also completed a demographic assessment survey at each session which also included an opportunity to provide role satisfaction feedback (Appendix I).

Charge Nurse Policy

The existing Charge Nurse Policy (Appendix J) was revised with input from nursing leadership, nurse educators, and the permanent charge nurses. These revisions included updated roles and responsibilities for in-patient and out-patient charge nurses. The policy also had specific prerequisites to be met before a nurse could be considered for the charge nurse role.

Charge Nurse Competency

Because the charge nurse leadership development was a competency-based program, charge nurse competencies needed to be developed (Appendix D). Charge nurse competencies were created using the ANA Scope and Standards for Nursing Practice and the Charge Nurse Leader Program Builder. Each charge nurse was to have a completed competency on file within six months of completing RLANRC's nurse leadership program.

Standardized Charge Nurse Hand-off

Charge nurse practice was not uniform throughout the facility, and it was identified that charge nurse to charge nurse hand-off was weak and sometimes even missing. There was no standardized format or mechanism for providing this type of hand-off. Although RLANRC's

competency-based program required charge nurses to demonstrate competence with charge nurse hand-off, they lacked the tools to do so effectively. Nurse leadership, nurse educators, and permanent charge nurses worked together to develop a standardized tool for charge nurse to charge nurse hand-off (Appendix J).

Finances

Program Costs

The organization committed to covering all program costs. The budget for the nurse leadership development program was set to accommodate a maximum of 25 participants semi-annually. Nurses participated in 2 separate leadership development sessions. Depending on the participant's hourly rate, the annual cost to the organization was \$5,600-8,000.

Organizational Savings

Organizational savings are considered significant when implementing any type of staff development initiative. This leadership program provided nurses with the skills and knowledge needed to transition into other nursing leadership positions competently and confidently. With RN turnover rates as high as 13.9% nationwide, RLANRC needed to proactively provide career development as a retention tool (Robert Wood Johnson Foundation, 2009).

Most healthcare facilities minimize losses by limiting nurse turnover. On the national average, hospitals have lost up to \$6.5 million annually due to nurse turnover. Failing to address or improve nurse retention can cost a hospital approximately \$40,000 per nurse when the nurse leaves the organization. The average annual cost savings per 1% change in RN turnover has been projected to be \$270,840 (NSI Nursing Solutions, Inc., 2021). An additional cost related to each RN departure has been the provision of funds to the exiting nurse for any unused or accrued personal, payable time. Additionally, organizations have experienced the added overtime costs

due to nursing staff who have had to assume extra shifts to fill the gaps left by nurse departures. Nurse recruitment spending related to hiring replacement nurses includes advertising costs, onboarding, and training (Robert Wood Johnson Foundation, 2009).

The number of nurses leaving the organization were beginning to make a negative impact on RLANRC. From fiscal year 2019-2020 to fiscal year 2020-2021, there was a 7% increase in nurse turnover. This significant increase in nurse turnover cost the organization approximately \$1 million.

The organization's hope was that through the implementation of the leadership program RLANRC would experience a decrease in nurse turnover and limit organization fiscal loss. By initiating a charge nurse leadership program, nurses placed in a leadership position were provided with the skills needed to lead and direct unit staff effectively. After program participation, the nurse leadership program participants were expected to be better prepared, more engaged, and experience greater job satisfaction. They would be provided with the skills and knowledge to manage and lead nurses effectively. Without addressing the career development needs of nurses, RLANRC could suffer financial losses due to a rise in RN turnover rates, an increase in sick calls, and a decrease in bed capacity.

Implications for Practice

Leadership Development

Utilizing a nurse leadership program provided nurses with the education and support they needed to succeed in leadership roles and advance professionally. The revised Charge Nurse Policy (Appendix J) addressed required qualifications, training, and support to ensure a successful role transition. Spiva et al. (2020) provided evidence that leadership programs

targeted at nurses in a charge nurse gave these nurses increased resiliency and improved leadership skills.

Competency Determination

The nurse leadership program addressed the need for a leadership competency determination tool. A competency tool was developed based on guidance from the ANA Scope and Standards for Nursing Practice to evaluate the participant's competency post-program participation. Leadership competencies were deemed necessary as these nurses were assuming a new role. A similar process is used with new nurses and nurses transitioning into a different specialty or position.

Role Expectations and Patient Safety

The leadership program highlighted gaps in leadership practices for the unit charge nurse. Role expectations and responsibilities were added to existing policies, and tools/procedures were developed to ensure success, such as, a standardized charge nurse to charge nurse hand-off procedure and tool. The lack of standardized hand-off was recognized as a practice gap which could result in an error or patient injury. This standardized hand-off defined the specific information that needed to be communicated each shift, and the process improved the communication between the front-line nurses and the charge nurses.

Those nurses who completed the program were also to be assessed annually for professional growth. The same evaluation assessment performed by the nurse managers during the program period would be applied to the nurse annually in conjunction with the regular performance evaluation. This tool documented the progression on the Novice to Expert scale and provided a roadmap for continued leadership success.

The Charge Nurse Competency Validation tool and the annual assessment ensure that the charge nurse grows the appropriate skills needed to communicate significant changes in a patient's condition or urgent departmental matters. This communication is critical in identifying and averting an adverse clinical event.

Role Recognition

Because there were only a limited number of permanent charge nurses providing consistent unit leadership, nurses without leadership experience and training had to temporarily fulfill the role in the absence of the permanent charge nurse. Upon completing the nurse leadership program and being deemed leadership competent, the nurses reported that they felt more confident and had a greater appreciation for hospital operations outside of their home unit.

System-wide Implementation

The importance of leadership development among charge nurses is critical for charge nurse competency and job satisfaction throughout DHS. Although the hospitals within DHS may be different, the leadership aspects of the charge nurse role remain constant. The successful implementation of RLANRC's nurse leadership program can pave the way for further implementation across healthcare systems throughout the Department of Health Services.

Recommendations

Charge Nurse Evaluations

The need for leadership development tracking is crucial for professional growth. The evaluation tool developed utilized a Likert scale from 1 to 3. To better assess participants' success, the tool should better align with Benner's 5 definitions of the Novice to Expert and employ a corresponding Likert scale of 1 to 5.

RLANRC experienced a turnover in nurse manager staff that resulted in participants being assessed by different assessors at the start and end of the curriculum. The second rater was not as familiar with the participant and their leadership skill levels. When possible, the same person should provide the pre- and post-assessments for each program participant.

Program Implementation

As evidenced in the literature review, the need for involving charge nurses in leadership development is a vital component of nurse succession planning. Succession planning removes the need for historic replacement planning and allows for well-prepared candidates to move into leadership positions. Therefore, it is recommended that the leadership program be a permanent, ongoing endeavor to support charge nurse competency and support succession planning.

A nurse leadership development program can also be used as a retention tool in the same manner as a new nurse residency program has been used as a recruitment tool. These leadership program opportunities highlighted the organization's commitment to the nurses' professional growth.

Conclusion

As a result of implementing a nurse leadership program targeting charge nurse leaders at RLANRC, nursing leadership shared they saw positive changes in professional development behaviors, the work environment, and the organizational culture. Nursing staff's comments on the program evaluations showed that participants were pleased with the program and felt recognized and supported as emerging leaders. This leadership program's successful development and launch prepared RLANRC's nursing staff for its Magnet journey and continued recognition as a high-performing organization.

Leadership development programs are vital to any organization's continued success, and nursing, specifically, cannot be exempted from this essential element for future planning.

Developing and implementing a successful nurse leadership program is beneficial to staff and the organization's success. Most leadership programs focus on higher-level positions such as chief nursing officer, chief executive officer, or chief financial officer. Organizations must place an equally important focus on front-line leaders. This nurse leadership program will shape RLANRC's future nurse leaders and assist their readiness to transition into leadership roles.

Lack of planning for a nurse leadership program forces an organization into a vulnerable position. Nursing leadership's eventual awareness that a group of nurses (charge nurses) have been placed in a position of responsibility and accountability with very little training and support was a painful organizational realization. Nurses viewed the implementation of a nurse leadership program with hope and encouragement. After program completion, the nurses felt supported and valued for their role as leaders.

A nurse leadership program is cost-effective and reduces nurse turnover. The associated return on investment with implementing this program will decrease the costs associated with inappropriate on-boarding of leadership and management staff. It helps to ensure that the right person is prepared for the right role. The participants in a nurse leadership development program should experience an enhanced level of professional growth and development. They will be able to rise to a higher level of leadership and positively influence the organization's culture. Moreover, ultimately, the patients will benefit from competent, expert nurse leadership influencing positive patient outcomes.

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Appendix A

Facility Profile

Licensed Beds

289 General Acute Care
(189 Budgeted Beds)

12 ICU Beds
150 Rehabilitation Beds (JPI)
127 General Acute Medicine/Surgery Beds
3,824 Inpatient Admissions
75,000 Outpatient Visits

160 Average Daily Census

1,328 Full Time Equivalent Employees (Approx.)

Rancho is accredited by The Joint Commission, California Department of Public Health (CDPH), and Commission on Accreditation of Rehabilitation Facilities (CARF)

Centers of Excellence

Spinal Cord Injury
Brain Injury
Pediatrics
Neurology
Gerontology
Stroke
Pressure Ulcer Management
Center for Applied Rehabilitation Technology (CART)
Post-Polio Program
Diabetes/Limb Preservation/Amputation
Orthotics/Prosthetics
Pathokinesiology
Vocational Services

Other Services

Audiology
Dental
Driver Training
Nuclear Medicine
Occupational Therapy
Outpatient Services
Physical Therapy
Seating Center
Recreation Therapy
Respiratory Services
Speech Therapy
Social Services

For more information about Rancho, visit the website at www.rancho.org



Appendix B

Plan Do Study Act (PDSA) Form

Cycle #: 1 Start Date: 2/1/2021 End Date: 11/1/2021

Project Title: Nurse Leadership Program for Charge Nurses

Team Members: Pattie Soltero Sanchez (DNP student), Nurse Educators, Nursing Leadership, Charge Nurses

Objective of this cycle (check one): ☒ Develop a change ☐ Test a Change ☒ Implement a Change

Which accreditation standard is being met (if applicable): Magnet succession planning-charge nurse leadership development

All required elements of the accreditation standard have been met: ☐ Yes ☒ No, please explain: only fulfills 1/3 examples to complete standard (TL9E0)

Aim Statement (WHAT ARE YOU TRYING TO ACCOMPLISH):

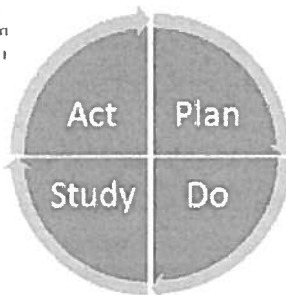
- **Specific-targeted population:** Permanent and Relief Charge Nurses
- **Measurable-what to measure and clearly stated goal:** Increase in charge nurse role satisfaction by at least 10% of participants (after successfully completing day 2); at least a 75% retention rate for nurses who participated in the nurse leadership program; 80 % of participants will show performance improvement in at least 4 areas of performance.
- **Achievable-brief plan to accomplish it:** Collaboratively with Supervising Staff Nurses (charge nurses), Nurse Managers, Nurse Educators, and nursing leadership, build and implement 2 day Nurse Leadership Program to be henceforth delivered annually
- **Relevant-why is it important to do now:** Contributes to Magnet standard completion for Succession Planning; can increase staff (charge nurse) satisfaction; can be effective retention tool to decrease charge nurse turnover.
- **Time Specific-anticipated length of cycle:** 9 months-1 year

What changes
are we going to
make based on
our findings?

What exactly are
we going to do?

What were
the results?

When and how
did we do it?



PLAN

Test/Implementation Plan

(THINK ABOUT WHAT CHANGES YOU CAN MAKE THAT WILL RESULT IN IMPROVEMENT)

What change will be tested or implemented? Include how change will be conducted, who will run it, where it will be run and when it will be run unless already noted in Aim Statement above. (If needed, include specifics on tasks, responsibilities and due dates.)

This project aims to develop a nurse leadership development program that provides RLANRC charge nurses with the additional leadership education, support, and experience needed to transition into the anticipated future leadership vacancies within the organization. The outcome of this evidence-based approach is to grow nurses into competent and confident leaders. This leadership development program supports current national trends in nursing leadership development.

Prediction:

There will be an increase in charge nurse satisfaction, decreased charge nurse turnover, improved charge nurse performance

Data Collection Plan (THINK ABOUT HOW YOU WILL KNOW THE CHANGE IS AN IMPROVEMENT):

What data/measures will be collected?

A participant evaluation tool has been developed. This tool will be given to the participant's supervisor before the course and no more than six months after completing the course. This tool asks questions to gain insight into the manager's perception of the learner's level of leadership, behavior and ultimately provides an assessment that documents professional developmental progress post-program participation. This tool will also be used annually at the time of the performance evaluation by the Nurse Manager to document continued positive progress or identify areas for improvement. Charge nurse turnover will be assessed for program participants. Charge nurse role satisfaction will be assessed twice during the program.

Who will collect the data?

Initially: Pattie Soltero Sanchez (DNP student), Bincy Mathew and Ceff Cabanban (Nurse Educators)
Annually: Area Nurse Manager

When will the collection of data take place?

Before the first program session, after the second program session, and then annually

How will the data (measures or observations) be collected or displayed?

Outcomes will be reported annually to Coordinating Council

What decisions will be made based on the data?

Program sustainability to include annual occurrence; consider DHS wide implementation

DO

Activities/Observations:

(Kotter) Meet with Supervising Staff Nurses, Nurse Managers, nursing education, and nursing leadership to determine curriculum and presenters; develop assessment tool; develop charge RN competencies; standardize charge RN hand-off, review and update charge RN policy; identify participants; set dates; implement; (Benner) collect pre and post data

Record activities/observations that were done in addition to those listed in the plan above:

Click or tap here to enter text.

STUDY

Questions: Copy and paste PREDICTION from PLAN above and evaluate learning. Complete analysis of the data.

Prediction:

There will be an increase in charge nurse satisfaction, decreased charge nurse turnover, and improved charge nurse performance. A participant evaluation tool has been developed. This tool will be given to the participant's supervisor before the course and no more than six months after completing the course. This tool asks questions to gain insight into the manager's perception of the learner's level of leadership, behavior and ultimately provides an assessment that documents professional developmental progress post-program participation. This tool will also be used annually at the time of the performance evaluation by the Nurse Manager to document continued positive progress or identify areas for improvement.

Learning (comparison of questions, predictions, and analysis of data):

Satisfaction:

Pre-Program

June 15, 2021

On a scale of 1 (low) to 10 (high), please rate how satisfied you are with your role as a charge nurse.

Very dissatisfied

Very satisfied

1	2	3	4	5	6	7	8	9	10
			5%	5%	5%	45%	23%	12%	5%

Post-Program

October 22, 2021

On a scale of 1 (low) to 10 (high), please rate how satisfied you are with your role as a charge nurse.

Very dissatisfied

Very satisfied

1	2	3	4	5	6	7	8	9	10
					14%	29%	14%	14%	29%

Participant Turnover

0

Improved Performance

1 participant was rated with 0 improvement in performance.

92% of participants showed improvement in 4-10 performance areas.

Summary (look at your data. Did the change lead to improvement? Why or why not?):

- Participant assessment should be on a 5 number Likert scale to better reflect Benner's Novice to Expert Model.
- Nurse Manager turnover led to different assessors of some participants' pre and post program which could have led to those participants showing invalid regression in performance.
- Overall charge nurse satisfaction, performance, and turnover data documents evidence for continued implementation of program.

ACT

Describe the PDSA Cycle (based on the learning in STUDY, what is your next test?)

- Assessment tool will be modified to a 1-5 Likert scale with the corresponding labels of Novice to Expert (Novice, Advanced Beginner, Competent, Proficient, and Expert). This tool will be used in future programs and annually with those who have completed the program in conjunction with the annual performance evaluation process.
- Program will be scheduled for 2022 and continue annually
- Continue to monitor outcomes

Appendix C

Rancho Los Amigos National Rehabilitation Center Department of Nursing

CHARGE NURSE EVALUATION TOOL FOR: (NAME) _____

INFORMATION		
Submitted by: _____		
Workshop Dates: _____		
RATING SCALE AND INSTRUCTIONS		
Using a scale of 1-3, assign the appropriate score in the rating box. If you score a 1 or 3 in any of the sections, please include a comment in the "Opportunities for Improvement or Recognition" section.		
1 = Inconsistently meets expectations 2 = Consistently meets expectations 3 = Exceeds expectations		
PERFORMANCE ELEMENT	RATING (1-3)	OPPORTUNITIES FOR IMPROVEMENT OR RECOGNITION
Approaches complex situations and changes with a positive attitude		
Inspires and supports team members' professional development		
Is knowledgeable and competent		
Is fair in all decision-making situations		
Is proactive and plans ahead		
Follows through on initiatives and keeps commitments		
Is professional and is a role model		
Adheres to regulatory requirements and policies/procedures		
Holds team members accountable for adhering to regulatory requirements		
Shares clinical knowledge and expertise with other team members		
Listens and attempts to understand team members during conflict		
Clearly communicates concerns		
Manages time and resources effectively		
Makes appropriate clinical decisions in stressful situations		
Contributes to a teamwork environment		
Communicates information in a timely and effective manner		
Rounds with team members and gathers feedback		
ADDITIONAL COMMENTS:		
LIST THREE THINGS THAT YOU WOULD LIKE TO RECOGNIZE YOUR CHARGE NURSE FOR:		
1. _____		
2. _____		
3. _____		

Appendix D

Rancho Los Amigos National Rehabilitation Center
Department of Nursing
Charge Nurse Competency Validation Tool

Name: _____ Emp # _____ Title: _____ Unit: _____ Date: _____

Check the appropriate boxes to describe the employee's performance expectations with each item.

ME: Meets Expectation: <input checked="" type="checkbox"/>	Verification Method: <input type="checkbox"/> D - Demonstration <input type="checkbox"/> P - Peer Review <input type="checkbox"/> V - Verbal discussion			
Standards of Performance				
Competency Levels	ME	Verif. Method	Evaluator Initials	Comments
Clinical/Technical				
A. Handoff Report 1. Gives/receives Charge Nurse Report with all pertinent information 2. Communicates significant issues to the Nurse Manager (NM) and/or Administrative Nursing Supervisor (ANS)				
B. Assignments 1. Assigns licensed and unlicensed staff based on skill set and patient acuity 2. Delegates workload in a fair manner 3. Schedule break and mealtimes with appropriate staff coverage 4. Follows up on assigned tasks with staff				
C. Knowledge of patient activities/acuity on the unit (tests, lab, procedures, transfusions, DNR etc.)				
D. Has knowledge and skills to assist with all emergency codes				
E. Monitors and reports significant events such as near misses, adverse events, patient/family complaints, and or any other situation that affects the timely and safe delivery of patient centered care.				
Critical Thinking				
A. Staffing 1. Verifies staffing is adequate for the current and next shift 2. Adjusts assignment as needed and prepares assignment for current and next shift 3. Communicates and follows up with Nursing Resource Office regarding staffing needs 4. Attends huddles and provides required information				
B. Clinical 1. Acts as resource for staff 2. Referral of Clinical issues/concerns to appropriate department/ discipline 3. Demonstrates appropriate utilization of the chain of command/resources when addressing Clinical issues/concerns 4. Prioritizes interventions based on the patient's clinical needs or any change in patient condition				
Organizational				
A. Time Management 1. Anticipates and carries out activities in a self-directed manner 2. Coordinates multiple tasks 3. Deals with interruptions 4. Begins shift prepared				

Rancho Los Amigos National Rehabilitation Center
Department of Nursing
Charge Nurse Competency Validation Tool

Competency Levels	ME	Method	Evaluator Initials	Comments
B. Assists in ensuring that equipment is used carefully to avoid damage 1. Reports all damaged equipment through appropriate channels				
Human Relations				
A. Holds peers accountable for assignments/work performance; reports issues to NM/ANS in a timely manner				
B. Collaborates with team members to solve problems and prevent errors				
C. Collaborates with team members, interprofessional staff, and other in providing family and patient centered care				
D. Communicates professionally both verbally and non-verbally in a timely manner to all members of the care team				
E. Maintains a safe environment; does not engage in or tolerate bullying, hostile behaviors, or lateral violence by self, staff, other team members, patient, or family members				
Leadership				
A. Role models standard of care				
B. Assists team members by coaching or precepting direct patient care as needed				
C. Remains accessible and interacts appropriately				
D. Assists in monitoring and measuring staff performance, behaviors and competencies for performance reviews				
Professional Development, Evidence Based Practices				
A. Participates in continuing education activities				
B. Stays current in evidence based practice guidelines and clinical practice, organizations policies and procedures, and changes in regulatory requirements				

____ Employee has met the requirements for competency. Date: _____
Evaluator Initials

Employee Name: _____ Employee #: _____ Employee Signature: _____
Print Name

Evaluator Name: _____ Employee #: _____ Evaluator Signature: _____
Print Name

____ Employee has **NOT** met the requirements for competency. Date: _____
Evaluator Initials

Remediation Provided: Date: _____ Evaluator: _____

Appendix E

From: Institutional Review Board <IRB@calbaptist.edu>
Sent: Thursday, October 08, 2020 11:39 AM
To: Patricia Sanchez <Patricia.Sanchez1@calbaptist.edu>; Institutional Review Board <IRB@calbaptist.edu>
Cc: Pennee Robertson <probertson@calbaptist.edu>; Jeffrey Gage <jgage@calbaptist.edu>; Lisa Bursch <lbursch@calbaptist.edu>
Subject: IRB # 017-2021 DNP Approval
RE: IRB Review
IRB No.: 017-2021

Project: Take Me To Your Leader: Developing a Nurse Succession Planning Program

Date Complete Application Received: 9/30/2020

Date Final Revision Received: N/A

Principle Investigator: Patricia Sanchez

Co-PI: N/A

Faculty Advisor: Dr. Penne Robertson

College/Department: CON

IRB Determination: DNP Application **Approved** – Faculty research using anonymous survey questionnaires; no minor participants; no more than minimal risk/risk appropriately mitigated; no deception utilized; acceptable consent procedures and documentation; acceptable data protection procedures. Data collection may begin, in accordance with the final submitted documents and approved protocol.

Future Correspondence: All future correspondence about this project must include all PIs, Co-PIs, and Faculty Advisors (as relevant) and reference the assigned IRB number.

Approval Information: (Expiration: Full Review Only) Approval is granted for one year from date below. If you would like to continue research activities beyond that date, you are responsible for submitting a Research Renewal Request with enough time for that request to be reviewed and approved prior to the expiration of the project. In the case of an unforeseen risk/adverse experience, please report this to the IRB immediately using the appropriate forms. Requests for a change to protocol must be submitted for IRB review and approved prior to implementation. At the completion of the project, you are to submit a Research Closure Form.

Researcher Responsibilities: The researcher is responsible for ensuring that the research is conducted in the manner outlined in the IRB application and that all reporting requirements are met. Please refer to this approval and to the IRB handbook for more information.

Date: 10/08/2020

Appendix F

Charge RN Workshop & Professional Development

Rancho Los Amigos National Rehabilitation Center
Department of Nursing

1

Decreased Mortality Rates
Increased Patient Satisfaction
Better Work Environment
Fewer Errors

Staff Satisfaction Impacts Patient Outcomes

2

The Charge RN is a
clinical nurse with
direct oversight of a
specific patient care
area within a hospital
for a specific shift.

"I'm not telling you it's not going to be easy,
I'm telling you it's going to be worth it."
Art Williams

3

- ✓ 2 day course
- ✓ CEs offered
- ✓ Teaching done by Nursing Leadership
- ✓ Offered to ALL SSNs and Relief Charge RNs



Our proposal

4

Patient Flow	Staffing	Quality Management	Leadership & Teamwork
<ul style="list-style-type: none"> Discharge Process Unit Flow 	<ul style="list-style-type: none"> Making Patient Assignments Forecasting Care Companion Patient Acuity 	<ul style="list-style-type: none"> Clinical Resource Service Recovery Audits Magnet TJC ORCA/BD Fluency SI/SIRI/Event Notification/Risk Management Emergency Management Disaster Response 	<ul style="list-style-type: none"> Delegation Hand-off Conflict Resolution Critical Thinking Proactivity Prioritization Interdisciplinary Relationships Leadership Styles Professional Behaviors Chain of Command H-3 Work Related Accidents

5



6

Appendix G

Charge RN Workshop Topics

Here is the list of topics we discussed for Charge RN professional development (in no particular order):

- Making patient/staff assignments
 - New nurses
 - Experienced nurses
 - Orientation
 - Registry
- Delegation
- Hand-off (charge RN to Charge RN) (staff to charge RN)
- Communication
- Conflict Resolution
- Resource (clinical SME) for staff
- Critical Thinking/Proactivity/Prioritization
- Staffing/present & future/forecasting
- Service Recovery
- Discharge Process
- Audits/Quality Improvement
- Unit Flow
- Magnet
- Interdisciplinary Relationships
- TJC (be ready-stay ready)
- ORCHID Fluency
- SI/SIR/Event Notification/Risk Management
- Leadership Styles
- Care Companion
- Professional Behaviors
- Chain of Command
- H-3
- Emergency Management/Disaster Response
- Patient Acuity
- Work Related Accidents

Appendix H

Rancho Los Amigos National Rehabilitation Center
Department of Nursing 2021

Charge Nurse Workshop 1.0 Tuesday, June 15, 2021 Location: SSB, Seminar Room- Rm 2011

Time	Topic	Presenter
0800-0815	Welcome	Pattie
0815-0845	Icebreaker Game	Pattie
0845-0900	Handoff Process	Pattie
0900-0945	Leadership Styles	April
0945-1000	BREAK	
1000-1030	Patient Assignments	Sotera
1030-1100	Covid-19 Assignment	Danni
1100-1145	Magnet	Isabel
1145-1215	Conflict Resolution	Adnan
1215-1300	LUNCH	
1300-1330	Charge Nurse Competencies	Myla
1330-1400	SI/SIR/Risk Management	Cristina
1400-1430	Clinical & Non-Clinical Application	Susanna
1430-1445	BREAK	
1445-1530	Clinical Coach Role	Fatima
1530-1615	Unit Flow	Jennifer
1615-1630	Evaluation	Ceff

Rancho Los Amigos National Rehabilitation Center
Department of Nursing 2021

Charge Nurse Workshop 2.0 Agenda Friday October 22, 2021

Time	Topic	Presenter
0800-0815	Welcome	Pattie
0815-0900	Professional Behaviors/Interdisciplinary Relationships	Alina
0900-0945	Break Out Sessions/Case Scenarios	Ceff
0945-1000	BREAK	
1000-1145	"Friday Nights in the ER"- GAME	Myla/Danni/ Ceff/Bincy
1145-1200	Evaluations	Ceff

Appendix I

Charge RN Workshop

Date: _____

*Please answer the questions below. This is an anonymous survey.
Please DO NOT put your name on this survey.*

1. What is your ethnicity?
 - a. Asian
 - b. Black/African American
 - c. White/Caucasian
 - d. Hispanic/Latino of any race

2. What is your gender?
 - a. Female
 - b. Male
 - c. Other

3. What is your age range?
 - a. 18-29
 - b. 30-34
 - c. 35-39
 - d. 40-44
 - e. 45-49
 - f. 50-54
 - g. 55-59
 - h. 60-64
 - i. 65 +

4. What is your HIGHEST level of completed nursing education?
 - a. Diploma-Nursing
 - b. Associate Degree-Nursing
 - c. Baccalaureate Degree-Nursing
 - d. Masters Degree-Nursing
 - e. Doctoral Degree-Nursing

5. Are you currently enrolled in school?
 - a. Yes
 - i. Where:
 - ii. What degree:
 - b. No

6. How long have you worked at Rancho Los Amigos?
 - a. 0-5 years
 - b. 6-10 years
 - c. 11-15 years
 - d. 16-20 years
 - e. 21-25 years
 - f. More than 26 years

7. On a scale of 1 (low) to 10 (high), please rate how satisfied you are with your role as a Charge RN:
 - a. (very dissatisfied) 1—2—3—4—5—6—7—8—9—10 (very satisfied)

8. Please list 3 things you would like to recognize your Nurse Manager for:
 - a.
 - b.
 - c.

Thank you!

Appendix J



Rancho Los Amigos National Rehabilitation Center
DEPARTMENT OF NURSING
ADMINISTRATIVE
POLICY AND PROCEDURE

**SUBJECT: DESIGNATED UNIT/AREA CHARGE NURSE
RESPONSIBILITIES**

Policy No.: A410
Effective Date: 11/1993
Page: 1 of 1

Purpose:

To ensure continuity in unit/area operations in the absence of the Nurse Manager and/or Supervising Staff Nurse I (SSNI).

To assume overall responsibility for patient care on the units/areas and clinic operating during the hours assigned and/or provide direct patient care as per unit/area protocol.

To coordinate and manage changes in workload.

To act as a resource person to unit/area and/or clinic assigned.

To collaborate with appropriate staff in the areas of patient placement, patient flow, staffing issues, and management of unusual occurrences as required.

Policy Statements:

1. There shall be a Charge Nurse assigned to each unit/area every shift and other occasions as designated by the Nurse Manager.
2. The Charge Nurse must be a Registered Nurse with a minimum of 1 year of clinical experience.
3. The Charge Nurse must have satisfactorily completed Charge Nurse Competencies for that unit/area.
4. In the event that #2 and #3 are not met, the nurse manager and/or the Administrative Nursing Supervisor (ANS) will be notified to assist with assigning an appropriate charge nurse for that shift.
5. The Charge Nurse is accountable to the unit/area SSN/Nurse Manager.
6. Unit/area Charge Nurses are assigned on a rotational basis among qualified (see #2 & #3) Registered Nurses in the Absence of the SSNI.
7. When the designated lead nurse is absent, a charge nurse will be identified in each area/clinic.

Inpatient Unit/Area Charge Responsibilities:**A. Clinical:**

1. Coordinating and directing patient care
2. Recommending alterations in nursing care in consultation with other team members when the patients' condition or treatment changes.
3. Assisting unit/area nurses in dealing with difficult situations (e.g. death, client complaints, etc.).
4. Assigning patient placement in consultation with Bed Control, Nurse Manager, and/or ANS.
5. Assuming a patient assignment as required.
6. Communicating effectively with all members of the health care team, patients, families and visitors.
7. As manager designate, assume a leadership role in the event of a fire, emergency or disaster as outlined in the Emergency Preparedness Plan

1. Providing direction and guidelines in crisis situations and coordinating relevant activities.
2. Facilitating discharge planning.

A. Inpatient Supervisory:

1. Maintaining open and appropriate communication with Nursing Manager/ ANS.
2. Adjusting staffing according to unit/area needs by advising ANS of adjustments required in staffing. Assigning staff to be floated.
3. Directing staff as indicated by unit/area demands and delegating duties appropriately. Using good judgment when assigning breaks to cover unit/area adequately.
4. Directing calls/information to Nurse Manager and/or ANS, such as: temporary bed closures, critical incidents, overtime, work situations that need immediate attention, media/police requests, staff performance issues that require immediate attention, or work related injury.
5. Anticipating changes in staffing needs by discussing workload changes with all nursing staff including the assessment of staffing for the next shift.
6. Communicating hand-off to oncoming charge nurse.
7. Ensuring completion of additional unit/area specific duties as required.
8. Arranging appropriate assignment and sufficient orientation of staff floated to the unit/area.
9. Arranging appropriate patient assignment according to scope of practice of unit/area personnel (Nursing Policy A420: Patient Care Assignment)
10. Ensuring appropriate and functional equipment is available on the unit/area for patient care.
11. Ensuring all required documents are accurate and completed each shift according to unit/area protocol:
 - a. Nursing Staff Assignment Sheet
 - b. AB394
 - c. Variance Logs
 - d. Patient Classification Summary
 - e. TeleSitter Assessment
 - f. Care Companion Request
 - g. Quality and Safety checks
 - i. Crash Cart/Emergency Equipment Check List
 - ii. Refrigerator Logs
 - iii. Glucose Quality Control

Key Note: The documents listed in item #11 is not an all-inclusive list. Complete additional unit/area specific forms as needed.

Outpatient Clinic Charge Responsibilities:

A. Clinical

1. Complete daily assignment, coordinating and directing patient care
2. Provide support with direct patient care based on the need of the clinic
3. Consults with other patient care team members when the patients' condition or treatment changes.
4. Assisting unit/area nurses in dealing with difficult situations (e.g. emergencies, client complaints, etc.).
5. Communicating effectively with all members of the health care team, patients, families and visitors.
6. Assume a leadership role in the event of a fire, emergency or disaster as outlined in the Emergency Preparedness Plan

B. Outpatient Supervisory

1. Maintaining open and appropriate communication with nursing management
2. Directing staff as indicated by clinic demands and delegating duties appropriately. Using good judgment when assigning breaks to cover unit/area adequately.
3. Directing calls/information to nursing management on critical incidents, overtime, work situations that need immediate attention, media/police requests, staff performance issues that require immediate attention, or work related injury.
4. Anticipating changes in staffing needs by discussing workload changes with all nursing
5. Communicating hand-off to providers and members of the patient care team
6. Ensuring completion of additional unit/area specific duties as required.
7. Arranging appropriate assignment and sufficient orientation of staff floated to the unit/area.
8. Ensuring appropriate and functional equipment is available on the unit/area for patient care.
9. Ensuring all required documents are accurate and completed each shift:
 - a. Nursing assessment intake note
 - b. Health maintenance/ Preventive health labs and diagnostics
 - c. Quality and Safety checks
 - i. Crash Cart/Emergency Equipment Check List
 - ii. Refrigerator Logs
 - iii. Glucose Quality Control

Reviewer(s): Patricia Soltero Sanchez, MAOM, BSN, RN; Marlene Simister, BSN, RN, CDN; Adnan Haider, MSN, RN, CRRN; Lance Del Rosario, MSN, RN, Hortencia Villasenor, RN; Leilani Hermosura-Bautista, MSN, RN, FNP-C, NE-BC

Appendix K

Rancho Los Amigos National Rehabilitation Center
Department of Nursing

SSN/Charge RN Hand-Off Worksheet

Date: _____ Unit: _____ Charge RN: _____

Staffing: RNs: _____ LVNs: _____ NAs: _____ Orientees: _____ Sick Calls: _____

Shift: ☐ 7am – 3:30pm ☐ 3pm – 11:30pm ☐ 11pm – 7:30pm ☐ 7am – 7:30pm ☐ 7pm – 7:30am

Census: _____ Admission(s): _____ Discharge(s): _____ Transfer(s): _____

Today's Quality & Safety Issues									
Room Numbers 	Falls	Restraints	Pressure Injury	Foley/ IC	Telesitters or CC	Golden Hand	Elopement Risk	SI Events	Custody

Follow up:	Room #	Room #	Room #	Room #	Room #
Service					
Last Name					
Age					
Diagnosis					
Admit Date					
Allergy					
Code Status	Full/DNR	Full/DNR	Full/DNR	Full/DNR	Full/DNR
Isolation	<input type="checkbox"/> none <input type="checkbox"/> contact <input type="checkbox"/> droplet <input type="checkbox"/> airborne <input type="checkbox"/> COVID <input type="checkbox"/> PUI <input type="checkbox"/> other:	<input type="checkbox"/> none <input type="checkbox"/> contact <input type="checkbox"/> droplet <input type="checkbox"/> airborne <input type="checkbox"/> COVID <input type="checkbox"/> PUI <input type="checkbox"/> other:	<input type="checkbox"/> none <input type="checkbox"/> contact <input type="checkbox"/> droplet <input type="checkbox"/> airborne <input type="checkbox"/> COVID <input type="checkbox"/> PUI <input type="checkbox"/> other:	<input type="checkbox"/> none <input type="checkbox"/> contact <input type="checkbox"/> droplet <input type="checkbox"/> airborne <input type="checkbox"/> COVID <input type="checkbox"/> PUI <input type="checkbox"/> other:	<input type="checkbox"/> none <input type="checkbox"/> contact <input type="checkbox"/> droplet <input type="checkbox"/> airborne <input type="checkbox"/> COVID <input type="checkbox"/> PUI <input type="checkbox"/> other:
IV Access/ Central Lines	Yes/No Location:	Yes/No Location:	Yes/No Location:	Yes/No Location:	Yes/No Location:
Visitor Restrictions					
Family Training (time)					
Labs pending/ Appointments					
Comments					

10/8/2020

Rancho Los Amigos National Rehabilitation Center
Department of Nursing

SSN/ Charge Nurse Hand-Off Communication

GUIDELINES:

1. An overview of patient information must be communicated by the assigned in-patient charge nurse at the end of shift or change of assignment.
2. The Worksheet will be used by the charge nurses during the hand off discussion.
3. The Worksheet will not be kept as a permanent part of the patient record.

PURPOSE

1. To provide consistent, clear and standardized communication between charge nurses (hand-off).

PROCEDURE

- I. Charge Nurse Handoff
 - A. The Worksheet will be used to facilitate communication of the hand off process between charge nurses.
 - B. Every bedside nurse is expected to communicate with the charge nurse to provide an update of the patient's condition and report any significant patient, family, and/or safety issues.
- II. Use of the Charge RN Handoff Worksheet
 1. The form provides a standardized method to gather and exchange patient information.
 2. The bedside nurse will provide an overview of the patient's condition, including quality issues related but not limited to: falls, restraints, pressure injuries, indwelling catheters, telesitter, care companion, golden hand, elopement risk, law enforcement custody.
 3. The charge nurse will note data on Charge RN Handoff worksheet and include any significant items or issues for follow up during next shift as applicable to the patient and to the unit.
 - a. Review chief complaint/diagnosis, any relevant history, assessment and any changes pertinent to the problems and/or the treatment/clinical course summary, such as:
 - i. Summary of current medical status- focus on significant symptoms or changes in the patient's condition – for example - Vital signs, pain level, IV fluids, diet, activity, other assessments
 - ii. Admission date
 - iii. DNR status
 - iv. Recent critical test results (laboratory values/pertinent radiology tests) – *if applicable*
 - v. Allergies
 - vi. Family concerns
 - vii. Priority list of patient needs
 - viii. Upcoming tests or treatments
 - ix. Visitor restrictions
 - x. Scheduled family trainings
 4. The charge nurse will assist in reviewing and discussing interventions with the bedside nurse as needed.
 5. The charge nurse will use the charge RN handoff worksheet when providing change of shift handoff to the on-coming charge nurse.
 6. The charge RN also provides basic staffing information on the Worksheet.