

Organizational Readiness for Nurse Residency Accreditation

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Abstract

Problem: Nurse residency programs (NRPs) have improved the current state of transition-to-practice for newly licensed nurses, increasing work satisfaction and competency, and reducing first year turnover rates from double to single digits. Despite the effectiveness of NRPs, only 21 hospital-sponsored programs in the United States demonstrate adherence to national residency standards through accreditation; none of the 31 hospital-sponsored NRPs in Maryland are accredited. NRP accreditation conveys to communities of interest that a program meets or exceeds national quality standards, establishes eligibility for post-graduate medical education funding, and prompts quality improvement initiatives. For change initiatives such as accreditation to occur in a desired direction, a state of readiness must be present or created.

Purpose: The purpose of this quality improvement project was to assess the readiness of a healthcare organization to undergo national accreditation of its NRP. Insights gained will clarify if the organization has the resources and conditions in place to support a successful accreditation.

Methods: The two-phase project was conducted in an 800+ bed urban, academic, medical center, with members of the organization's education department, utilizing a mixed-methods approach. During phase one, nurse residency accreditation policies and procedures of the Commission on Collegiate Education in Nursing (CCNE) were conveyed to the 22-member education department during an hour long podium presentation. This was followed by a quantitative assessment of the member's perceptions of organizational readiness for accreditation using the 7-point Likert *Holt Organizational Readiness for Change Tool* ((HORCT) $n = 11$). During phase two, a five-member self-study team from the education department participated in a qualitative intervention to discuss the organization's current resources and conditions (actual state), compared to the 45 CCNE residency accreditation criteria (desired state). An accreditation

gap analysis was conducted post-intervention as a ratio of the actual state (number of criterion satisfied) to the desired state (45 CCNE accreditation criteria). The self-study team completed the HORCT post-intervention, and a Wilcoxon Signed Rank Test was performed to determine a change in perceived readiness following the intervention.

Results: Pre-intervention HORCT scores demonstrated agreement that the organization is in a positive state of readiness for change ($Mdn = 5.5$, IQR 1). The Wilcoxon-Signed Rank Test revealed a nearly significant change in the perception of organizational readiness following the intervention ($z = -1.753$, $p < .08$). The gap-analysis indicated complete capacity to satisfy 57.8% of the CCNE accreditation criteria, partial capacity to satisfy 37.8%, and no capacity to satisfy 4.4%.

Conclusions: The organization is in a favorable state of organizational readiness for change. Little, if any, additional interventions are needed to create a positive psychological state among organization members. Significant program resources and conditions are currently in place to satisfy the CCNE criteria for nurse residency accreditation. The findings regarding the capacity of the program to completely or partially satisfy the majority of criteria for accreditation substantiates the quality of the organization's NRP, and serves to inform leadership of specific corrective action needed now to assure a successful accreditation initiative in the future.

Dedication

I wish to dedicate this body of scholarly work to my family and friends, as their love and support inspires me and serves as a welcomed reminder of what's important in life. To Franq, who stirred in me decades ago the desire to chase new knowledge and wisdom. He remains to this day ever faithful and trusted. I know in my heart he is always there and for that I am eternally grateful. My son Antonio shows me how not taking life too seriously allows for one's creativity and unique perspective to shine, which brings me much appreciated laughter. My son Miguel touches me daily and reminds me of what can be achieved with the extension of a considerate heart and compassionate soul. To my eldest son Carlos, who has been steadfast in his presence, offering me his unconditional love and positive approach to life. To my dearest and deepest friend, Rosemarie, who never fails to listen or offer her words of encouragement, always tolerant, there to pick me up when I am feeling down. To my new-found friend and colleague Kathy, Katherine, who amazes me with her deep mind and resilience, and shines with genuine beauty. To my loving parents Rita and John, siblings John and Angela, and close friends, who have been patient with my absences and apologies due to papers, projects, and deadlines, but happily, have not given up on me. In my closing words to each of you - I could not have made it through this program without you. I thank you and love you, from the bottom of my heart...

Renee

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Organizational Readiness for Nurse Residency Accreditation

At the turn of the century the Institute of Medicine (IOM) called the nation's attention to alarming safety concerns with the United States health care system in their report titled *To Err is Human: Building a Safer Health System* (IOM, 1999). Shortly thereafter, the Joint Commission on Accreditation of Hospital Organizations (JCAHO), in their report *Healthcare at the Crossroads*, characterized nursing as being in a "crisis state" citing a serious workforce shortage and under-preparedness of new nurses for practice (JCAHO, 2001). Under-preparedness has been attributed to the evolving complexity of health care, as well as the rapid deployment of nurses into practice upon graduation since the introduction of computerized licensure in 1994.

In 2000, the American Association of Colleges of Nurses (AACN) joined efforts with the University Health System Consortium (UHC) to address these national workforce problems through the development of a nurse residency model designed to improve clinical preparation and stabilize the workforce. Since then, hundreds of hospitals have initiated post-graduate education beyond standard orientation for newly licensed nurses. Studies have demonstrated a positive relationship between participation in a nurse residency program (NRP) and increased work satisfaction and clinical competency, with a reduction in the first year turnover rates into single digits and a favorable economic return on investment for organizations (Berkow, Virkstis, Stewart, & Conway, 2009; Fink, Krugman, Casey & Goode, 2008; Goode, Lynn, McElroy, Bednash & Murray, 2013; Newhouse, Hoffman, Suflita & Hairston, 2007; Ulrich et al., 2010).

Despite the documented effectiveness of NRPs, variability exists with regards to the structure, processes, and outcomes of NRPs provided by single healthcare organizations (Barnett, Minnick, & Norman, 2014). This has prompted a call for greater uniformity among NRPs to established national program standards. In 2003, the Commission on Collegiate Nursing

Education (CCNE) of the AACN developed national accreditation standards for post-baccalaureate nurse residency programs to ensure greater uniformity. In 2014, the American Nurses Credentialing Center (ANCC) established an accreditation process for nurse residency programs based on similar standards to those of CCNE. According to public declaration documentation, 21 NRP are currently accredited by either of these two bodies. According to a non-published 2015 survey conducted by the Maryland Organization of Nurse Executives, 31 Maryland healthcare organizations offer a residency to newly licensed nurses, however no programs in the state are accredited (M. Greene, personal communication, Nov 30, 2015).

Leadership at the project site has contemplated nurse residency accreditation as a new change initiative, yet has not proceeded because of economic reasons and uncertainty regarding readiness. Readiness prior to initiating change is associated with implementation success, perseverance, and championing of the initiative. Over one-half of all organizational initiatives fail due to leaders introducing new initiatives without an awareness of readiness (Weiner, Amick & Lee, 2008). Therefore, the purpose of this project was to assess the organizational readiness of the project site to undergo accreditation of a NRP. Insights gained will clarify if the organization has the necessary resources and conditions in place to support a successful accreditation. Dissemination of identified gaps with a gap-closure plan will inform leadership at the project site of corrective adjustments needed to increase readiness and the likelihood of success.

Theoretical Framework

For change to occur in a desired direction, a state of readiness must be present or created. According to Holt, Armenakis, Field, & Harris (2007), readiness is an antecedent to resistance and change behavior, and is defined as the extent to which there is an emotional and cognitive inclination to adopt a course of action to change the status quo. Organizational

readiness is most influenced by the change content, process, context, and attributes of individuals undergoing change. Therefore, assessment of these factors allows leaders to respond to a given state of readiness and more successfully move an organization through the change process.

The transtheoretical model (TTM) of Prochaska and DiClemente (1983) is a framework that conceptualizes the process of intentional behavior change as a process that unfolds over time. *Stage of change* is the central construct of the TTM, and entails progression through cognition stages (pre-contemplation and contemplation) and action stages (preparation, action and maintenance). The TTM posits that stage of change follows a linear but reversible direction, and that certain interventions work to both reduce resistance and facilitate forward progress. During the cognition stage, individuals view change as an imposition they are unprepared for and react through resistance. Perceived constraints and barriers outweigh or equal perceived benefits, and confidence in one's ability to change is limited. During the cognition stage, action-oriented interventions are avoided in favor of experiential processes that will facilitate the needed preparation within individuals to change (Prochaska, Prochaska and Levesque, 2001).

Application of the components of the TTM to the scholarly project under study is central to theory-guided work and the likelihood of project success. Recognizing that the scholarly project site is in the cognition stage of contemplation, the aim of this project is to advance the project site towards, if not to, the preparation stage – development of an action plan. There is presently no committed established action plan by the project site to seek accreditation of the NRP. While there is stated awareness of the value and benefits of accreditation, there is equal and competing attention to constraints. Appropriate stage-matched interventions to facilitate movement beyond the contemplation stage will focus on what the model refers to as experiential processes - namely consciousness raising and environmental evaluation. Experiential processes

are planned with the intent of tipping the site's decisional balance in the direction of action. These will include mobilization of a site team to collectively engage with the desired change and acting in leadership to support the site's interest in accreditation by increasing awareness of the associated facts and benefits of the change. The summative goal is the co-creation of processes that facilitate progress, mitigate constraints, and promote crossover from cognition into action.

Literature Review

Nurse residency programs have gained attention as a solution to improve transition to practice for new nurses. Hundreds of hospitals nationwide have implemented NRPs, yet only 21 demonstrate fidelity to quality standards through accreditation (AACN, 2015; ANCC, 2015). To gain a deeper understanding of the accreditation gap, literature was appraised with an emphasis on barriers, benefits, and readiness (Appendix A). The review focused on accreditation of any type of program or organization due to a lack of discoverable literature on NRP accreditation.

Winship and Lee (2012) described a self-study conducted by the California Human Services Agency to prepare for accreditation from the Council on Accreditation (COA). The death of an infant while in the care of the agency that resulted in a Grand Jury investigation into the agency's adherence to professional standards prompted the self-study. The researchers characterized the two-year long self-study as a systematic process by which teams in the agency engaged in intense, challenging, and yet rewarding work. Using the COA standards and criteria as a data collection tool, the teams worked to identify gaps in practice and implemented quality improvement plans that resulted in a successful accreditation. While the teams admitted to underestimating the overall magnitude of the project, describing the work as overwhelming, unclear, and lacking value at times, effective leadership and teamwork was identified as key to the success of the accreditation. Despite the challenges encountered, participants characterized

the process as collaborative and gratifying, resulting in pride, ownership of practice, and increased communication. The study highlights the value of using a systematic team approach to preparing for accreditation to enhance accountability, collaboration, and communication needed for success. These findings support the design and approach planned for the scholarly project.

In a similar study examining the process of preparing for accreditation, Erwin (2009) described the activities of a seven-member work-group that engaged in an 11-week long self-assessment of the Tennessee Knox County Health Department's readiness for accreditation. The work-group utilized the Local Health Department Assessment Tool (LHDSAT) to measure organizational readiness. Work-group members independently completed the LHDSAT, rating the department's readiness to meet the standards for accreditation and if producible evidence exists. The frequency of readiness to meet the essential services ranged from 57-84%, and the existence of supporting documentation ranged from 24-90%, with a significant correlation between readiness and the existence of documentation ($r=0.75$, $p = .01$). The work group concluded that the LHDSAT was an effective tool to identify accreditation readiness, and that the process of self-assessment created value by increasing knowledge and communication between members of work-group. The participants cited cost, time, and effort as barriers, while participation in the process and leadership were viewed as process facilitators. This study closely parallels the methods planned for the scholarly project under study, and supports self-assessment as a logical starting point for gathering information to assess readiness for accreditation

Baskind, Kordowicz, and Chaplin (2010) explored accreditation through the unique lens of success following previous failed accreditation in 11 mental health facilities in the United Kingdom. Through semi-structured interviews, the researchers explored the influence of an unsuccessful accreditation on actual practice. The thematic analysis of interview transcripts

revealed that accreditation failure led to heightened self-assessment and quality improvement activities, and increased leverage for resources. Staff gained greater clarity surrounding practice standards and engaged in effective teamwork. These findings reinforce the benefits of advanced preparation for accreditation, supporting the purpose of the planned scholarly project.

In an effort to understand the impact and effectiveness of accreditation, Greenfield and Braithwaite (2008) analyzed 58 accreditation studies conducted in academic or healthcare settings between 1983 and 2007. Consistent findings revealed that systematic self-assessment prior to accreditation resulted in increased quality improvement initiatives and greater participation by providers in education and training. Identified benefits of accreditation included improved communication, increased adherence to best practices, increased staff development, and eligibility for external funding. Of the 17 studies that addressed attitudes towards accreditation, one-third cited accreditation as an effective strategy to promote quality, while one-half found the process to be costly, time consuming, and of questionable value. Accreditation is viewed by some as burdensome due to the magnitude of effort involved, and appreciated by others for the resulting quality improvements initiatives that occur. The scholarly project site shares similar views of the benefits and barriers of accreditation to those identified in the literature, substantiating further the importance of addressing organizational readiness.

Holt, Armenakis, Field, & Harris (2007), in the development and psychometric evaluation of a change readiness instrument, conducted a study soliciting feedback from 900 managers from a variety of private and public organizations. Factor Analysis of 59 original instrument items resulted in 25 items that were retained in the final instrument, measuring the dimensions of perceived appropriateness of change, management support for the change, perceived personal capability to implement the proposed change, and perceived personal benefits

of the proposed change. The results of the psychometric evaluation indicated that the instrument, titled *the Holt Organizational Readiness for Change Tool* (HORCT) is a valid tool which can be used to reliably measure organizational readiness in advance of a change initiative. The researchers concluded that findings from the use of the instrument would provide leaders and change agents with essential information to inform their actions when introducing change.

In summary, the accreditation process prompts useful self-correction and quality improvement initiatives. While preparing for accreditation is time consuming, costly, and demanding, the process results in learning, collaboration, and quality initiatives that may not have occurred otherwise. The literature identified that well-led team approaches to self-study serve to facilitate the process, suggesting that the audit-feedback type of approach planned in this project will serve to mitigate anticipated barriers. The literature also identified readiness as an antecedent to success, just as the TTM of behavior change identifies readiness as influential to movement from a stage of cognition to one of action. The descriptive nature of the studies reviewed limits the strength and generalizability of the findings; however, the relevancy of the literature in both methods and findings makes the body of work valuable for translation, and contributes significantly to guide future work to continue to examine readiness for accreditation.

Methods

Design

An exploratory descriptive design was used in this quality improvement project to assess the readiness of a healthcare organization to undergo accreditation of a nurse residency program. The project utilized quantitative and qualitative methods, involved the assessment of organizational readiness for change, and the facilitation of a self-study to examine the organizational capacity to satisfy CCNE standards and criteria for NRP accreditation.

Sample and Setting

The project was conducted in the education department of an 800+ bed urban, academic medical center. The 22-member department is responsible for hospital-wide education and training, and is composed of an administrative director, educators, and researchers (masters or doctoral prepared registered nurses) and project managers (no health-related educational preparation). The education department is responsible for the administration and oversight of the organization's NRP and constituted sample one for the project. Sample one was used to identify overall readiness of the education department for organizational change.

A sub-set of five volunteers from sample one constituted sample two, to include the NRP coordinator and individuals with responsibility for the daily operation of the NRP to include project managers, an educator, and the administrative director. Sample two served as a workgroup team, led by the Doctoral of Nursing Practice (DNP) Project Leader, to engage in a self-study to examine the evidence needed to satisfy requirements for national accreditation.

Instrumentation

An adapted version of the HORCT was used to assess organizational readiness for change in both samples relative to accreditation of the organizations NRP (Appendix B). The 25-item tool measures organizational readiness for change to include the four dimensions of appropriateness of the change, management support, personal capability to implement the change, and personal benefits of the change. Reliability estimates for 3 out of 4 variables in the original tool exceeded .70, with .66 for perceived personal benefit. A Cronbach alpha coefficient in this project determined internal consistency of the HORCT to be .81. The tool has exhibited content, predictive, concurrent, and convergent, validity. Respondents rated the tool's 25 items on a 7-point Likert scale (1 = *strongly disagree* and 7 = *strongly agree*). The tool was adapted for

use in this project by replacing the word “change” with the word “accreditation” throughout the tool. A Content Validity Index of 0.76 was established for use of the adapted HORCT for this project in this setting, with three items deleted based on the recommendations of three content experts. Permission to use the tool was obtained from the developers.

An Accreditation Readiness Survey (ARS) was developed by the DNP Project Leader to evaluate perceptions of the actual state relative to the reference criteria associated with the four CCNE accreditation standards of (a) Program Faculty (b) Institutional Commitment and Resources (c) Curriculum, and (d) Program Effectiveness (Appendix C). Each of the standards includes a range of 5 to 18 performance criteria that serve as a reference to indicate to whether or not the standard has been satisfied. Respondents rated each criterion on a 5-point Likert scale (1 = *no capacity* and 5 = *optimal capacity*) to satisfy the criteria. There is no reliability and validity associated with this survey, however the survey was modeled after a similar one used by Erwin (2009) to examine the readiness of a health department to undergo accreditation.

Procedures and Data Collection

The project was implemented in two sequential phases in accordance with the timeline in Appendix D. Recruitment of both samples took place during a scheduled attendance by the DNP Project Leader at a monthly education department meeting. Phase one was initiated by the DNP Project Leader during the May 2015 department meeting with a total attendance of 22 members. The purpose and procedures were described, as well as the benefits, procedures, and requirements associated with accreditation. At the conclusion of the presentation, sample one was asked to complete the HORCT survey to assess organizational readiness for change. The DNP Project Leader electronically mailed the survey to the NRP Coordinator via Survey

Monkey, who forwarded the survey to sample one. The NRP Coordinator was asked to deploy the survey a second time, two weeks after the first, in an effort to enhance response rates.

During phase two, the DNP Project Leader led an intermediary process that involved five bi-weekly meetings with sample two at the project site to evaluate the evidence needed to satisfy reference criteria for accreditation. The DNP Project Leader was responsible for scheduling the meetings, establishing the agenda, communicating responsibilities, facilitating the process, recording meeting activities, and tracking progress to goals. The first meeting was designated as an orientation to roles and responsibilities, and a review of project procedures and timeline.

Sample two prepared in advance for each of the four remaining meetings by completing the ARS of their perceptions relative to the organization's ability to satisfy the CCNE reference criteria associated with accreditation. Prior to each meeting, the DNP Project Leader electronically mailed the survey via Survey Monkey to the NRP Coordinator who forwarded the surveys to sample two. Pre-meeting survey results were summarized for distribution at the start of each self-study team meeting. Following the presentation of the survey results, the DNP Project Leader facilitated an intermediary process to compare perceived actual program conditions with the reference criteria associated with accreditation. The intermediary process included a discussion of the completeness, producibility, and location of evidence, with the development of an action plan for any reference criteria without producible evidence. Hand written notations were made during the meetings of consensus regarding of the reference criteria.

Following each of the four meetings the hand written notations were summarized as minutes and analyzed to determine the rate of discrepancy between the actual state and point of reference. The minutes were presented by the DNP project leader at each subsequent meeting for review and/or revisions by the self-study team members. Paper copies of the survey results and

minutes were made available at each meeting for all self-study team members, with an invitation for comment and/or revision. Paper copies of minutes were distributed through departmental land mail to those self-study team members not in attendance at the scheduled meetings. No comments or corrections were requested by self-study team members not in attendance.

At the completion of meeting five, sample two was asked to complete the HORCT survey. The DNP Project Leader electronically mailed the survey to the NRP Coordinator via Survey Monkey, who forwarded the survey to sample two. The NRP Coordinator was asked to deploy the survey a second time, two weeks after the first, in an effort to enhance response rates

Protection of Human Subjects

The project did not meet the definition of Human Subjects Research; therefore, an inquiry was submitted to the University of Maryland Baltimore (UMB) Institutional Review Board for a Non-Human Subjects Research (NHSR) determination. Non-Human Subjects determination was received on May 25th 2015 (Appendix E). All participants were informed that participation was voluntary and no individual identifiers were associated with survey results, data analysis or dissemination of findings. Surveys were deployed through a third party on-line survey source, with data encryption and protection of URL addresses. On-line survey instructions informed participants that completion of the survey constituted consent to participate. Electronic surveys were deleted at the completion of the project, and paper documents were destroyed.

Data Analysis

Project data were exported from Survey Monkey and migrated into a defined data file in IBM SPSS Statistics 22 for analysis (see codebook in Appendix F). Data screening through use of frequency analysis revealed data to be within expected score ranges. Missing data in the overall set was less than 5 percent, and was managed through the IBM SPSS Statistics 22

exclude cases pairwise function. Execution of data manipulation using standard IBM SPSS convention transformed single scale items into dimension and composite variables for descriptive purposes and principle analysis. Scale data was treated as categorical (ordinal level) which precluded the need to assess distribution for normality. Inspection for outliers revealed one extreme value on the pre-intervention HORCT which was not considered influential.

Descriptive and non-parametric statistical procedures were used to describe the samples, and analyze data using IBM SPSS Statistics 2. Sample one HORCT scores were used to describe organizational readiness for change as it related to accreditation, with a median greater than 4 indicating greater readiness. A Wilcoxon Signed Rank Test was used to determine a significant change in HORCT scores for sample two following the self-study meetings. Sample two ARS scores were used to describe accreditation capacity, with a median greater than 3 indicating greater capacity. Consensus from the intermediary process was used to describe any discrepancy between perceived actual program conditions and CCNE reference criteria for accreditation.

Results

Sample one consisted of 11 of 22 education department members who responded to the HORCT survey in phase one of the project. Most of the all-female Caucasian respondents were over 40 years of age, with 90% working in their current role less than seven years. The majority held graduate degrees (80%) and slightly more than half have been employed in nursing for more than 20 years. Sample two consisted of five members of sample one who volunteered to serve on the self-study team. Half of the all-female Caucasian self-study team members were under 40 years of age, working in their current role less than seven years. The majority held graduate degrees (80%) and slightly more than half have been employed in nursing for 5-10 years.

Phase 1 - Organizational Readiness for Change

The HORCT composite score for sample one prior to the intervention indicated overall agreement that the organization is in a state of readiness for change associated with accreditation ($Mdn = 5.5$, IQR 1). The HORCT composite score for sample two prior to the intervention were consistent with sample one, and indicated overall agreement by the self-study team that the organization is in a state of readiness for change associated with accreditation ($Mdn = 5.0$, IQR 0.5). As presented in Table 1, the highest rated organizational readiness dimension for both samples was Appropriateness of accreditation ($Mdn = 6.5$, IQR 1) while the lowest rated organizational readiness dimension was Management Support ($Mdn = 5.0$, IQR 1).

Table 1.

Organizational Readiness for Change Scores (HORCT) - Pre Intervention (Scale 1-7)

	Education Department (n=11)	Self-Study Team (n=5)
	Mdn (IQR)	Mdn (IQR)
Appropriate	6.5 (1.0)	6.5 (1.0)
Management Support	5.0 (1.0)	5.0 (1.0)
Personal Capacity	6.0 (1.0)	5.5 (2.8)
Composite Score	5.5 (1.0)	5.0 (0.5)

Pre-intervention HORCT scores for both samples on the 22-item survey are presented in Appendix G. Findings revealed a range in median scores between 4 to 7 with data dispersion of 0 to 4 based on IQR. Table 2 displays the lowest and highest scores for both samples (four and seven respectively), indicating the lowest and highest readiness items for change. Six of the 10 items in the Appropriateness dimension reflected the highest possible scale score, indicating a positive attitude and strong agreement that accreditation is correct for the organization. Among the three lowest rated items for both samples, two reflected a neutral view of management support, indicating no feelings one way or another regarding management's endorsement.

Table 2.

Highest/Lowest Organizational Readiness for Change Scores - Pre Intervention (Scale 1-7)

	Education Department (n=11)	Self-Study Team (n=5)
	Mdn (IQR)	Mdn (IQR)
Appropriate		
Organization will benefit	7.0 (1.0)	7.0 (0.5)
Makes sense to pursue	7.0 (1.0)	
Legitimate reasons to pursue	7.0 (0.0)	7.0 (0.5)
Worthwhile to pursue	7.0 (1.0)	7.0 (0.5)
Matches organization priorities	7.0 (1.0)	7.0 (0.0)
Our jobs will be easier	4.0 (2.0)	4.0 (2.5)
Management Support		
Importance has been stressed	4.0 (2.0)	4.0 (2.0)
Intent to pursue indicated	4.0 (2.0)	4.0 (2.0)
Personal Capacity		
No problem with added work	4.0 (4.0)	4.0 (3.5)

A Wilcoxon-Signed Rank Test was used to compare perception of organizational readiness of the self-study team before and after the intervention. The results revealed a nearly significant change in the perception of organizational readiness following participation in the self-study meetings ($z = -1.753$, $p < .08$), with a moderate effect size ($r = .55$). The median score on HORCT scale increased from pre-intervention ($Mdn = 6$) to post-intervention ($Mdn = 7$).

Phase 2 - Accreditation Readiness

Pre-intervention ARS scores for sample two indicated overall agreement that the NRP has significant capacity to satisfy the CCNE reference criteria for accreditation (Appendix H). As shown in Table 3, the respondents perceived *significant capacity* to meet 3 out of 4 accreditation standards, with *moderate capacity* to meet the fourth. The highest perceptions were related to curriculum, while the lowest were associated with institutional support. The range in median scores for the reference criteria was 2 to 5, with data dispersion of 0 to 2.5 based on IQR.

Table 3.
Accreditation Readiness Scores - Pre Intervention (Scale 1-5)

	Mdn (IQR)	Range	% Criteria Mdn \geq 4
Standard 1: Faculty	3.0 (1.5)	(3 – 4)	60% (3/5)
Standard 2: Institution Support	4.0 (2.5)	(2 – 5)	54% (7/13)
Standard 3: Curriculum	4.0 (1.0)	(2 – 5)	94% (17/18)
Standard 4: Program Effectiveness	4.0 (0.5)	(3 – 5)	89% (8/9)
Composite: All Standards	4.0 (0.5)	(2 – 5)	80% (36/45)

Final consensus of the self-study team following participation in the mediated self-study meetings indicated that the NRP currently demonstrates complete capacity to satisfy 57.8% of the reference criteria for accreditation ($n = 26/45$), partial capacity to satisfy 37.8% of the criteria ($n = 17/45$), and no capacity to satisfy 4.4% of the criteria ($n = 2/45$). Criteria categorized as “no capacity” or “partial capacity” to satisfy accreditation criteria were designated as gaps in accreditation readiness ($n = 19$), requiring the formulation of a gap-closure plan (Appendix I). As illustrated in Table 4, the smallest discrepancy between the actual and desired state was present in the program effectiveness standard ($n = 2/9$), while the greatest discrepancy was present in the institutional support standard ($n = 8/13$). Refer to Appendix J for written notations made during the meetings regarding team consensus on each of the 45 reference accreditation criteria.

Table 4.
Capacity to Satisfy Accreditation Criteria - Post Intervention

	No Capacity	Partial Capacity	Complete Capacity	Gap Rate
Standard 1: Faculty		3/5	2/5	60%
Standard 2: Institution Support	2/13	6/13	5/13	62%
Standard 3: Curriculum		6/18	12/18	33%
Standard 4: Program Effectiveness		2/9	7/9	22%
Composite: All Standards	2/45	17/45	26/45	42%

Discussion

The purpose of this quality improvement project was to assess the project site's organizational readiness for change in the context of accreditation of its nurse residency program. A better understanding of the organization's readiness state will serve to inform leadership and aid their responsiveness to the barriers and facilitators of the change initiative. The encouraging findings from this small sample project are that the organization is in a highly favorable state of readiness for change and the NRP has significant resources and conditions in place to satisfy the CCNE criteria for accreditation. While participation by organization members in the facilitated self-study process failed to demonstrate a significant change in perception of readiness for change there was an increase in organizational readiness for change scores.

The organization members in this project hold strong views that accreditation is appropriate, beneficial, worthwhile, logical, legitimate, and consistent with the priorities of the organization. The finding that accreditation is worthwhile and beneficial is consistent with previous research, along with the perception that workload will most certainly increase as the result of the change initiative (Erwin, 2009; Greenfield & Braithwaite, 2008; Winship & Lee, 2012). Fortunately, members perceive the time invested in accreditation as time well spent. Members are motivated, characterizing themselves as capable, confident, and skillful, although the anticipation of increased workload associated with accreditation is viewed as concerning.

These findings reflect a positive attitude and self-efficacy among organization members to adopt change, with a beneficial view on the return on investment derived from the change initiative. The importance of this finding relates directly to the theoretical underpinnings of this project. As established in the TranTheoretical Model, the dimension of being both willing and able to change reflects psychological and structural antecedents to successful behavior change.

Unfortunately, individual readiness to successfully change does not directionally equate to action or organizational change. Optimal organizational readiness for change requires leadership's awareness of the readiness state, with action to mobilize organizational resources and support to capitalize on member motivation and ability (Weiner, Amick, and Lee, 2008).

The organization members in this project view leadership as encouraging and supportive of nurse residency accreditation, although leadership has not communicated to others the importance of accreditation, or the intent to pursue accreditation. The interdependence of the individual and the organization plays a central role in any change initiative. According to Holt, Helfrich, Hall, & Weiner (2008), when interdependence is high, as is the case in complex organizations, the collective voice of individuals and the organization serves as a greater determinant of readiness for change than individual expression alone. Evident from the project findings is a shared belief between individuals and the organization in the appropriateness of accreditation, with the capacity to be successful. Less evident is a decision to take action.

It is possible that the organization has not yet heard a convincing business case to pursue accreditation. The criterion of *fiscal and physical program resources are sufficient* was tied as the third lowest ranked criteria for accreditation. Performance of a cost-benefit analysis of a non-revenue generating initiative such as accreditation is warranted to determine the anticipated added value and return on investment. In addition to the time and personnel expenses associated with conducting a self-study, current accreditation fees total \$10,000 every three years. Nurse Support Program (NSP) funds that the organization currently receives were discussed during the self-study as a possible existing financing mechanism. New funding is possible through the Centers for Medicare and Medicaid as accredited nurse residency programs qualify for graduate

medical education funding under the C.F.R § 413.85 (Public Health Act, 1990). It is unknown if any accredited nurse residency programs have pursued this funding to date.

According to the TransTheoretical Model, forward movement from contemplative thought to action can be influenced through experiential processes, such as those conducted in phase two of this project, namely consciousness raising and environmental evaluation. Phase two involved an exploratory process with organization members to better understand their perceived differences between the organizations current state and the desired state. This process revealed very few substantive discrepancies, regarded as program gaps. Fewer program gaps logically requires fewer resources for allocation, while the high state of readiness signifies inclination for change. The high state of expectancy and self-efficacy among organization members serves as a facilitating condition to mitigate barriers, and advance the likelihood of a successful change initiative. Communicating these finding to the organization (in combination with the state of organizational readiness previously discussed) is the main priority for dissemination, with an interest in tipping leadership's decisional balance in the direction of action.

Discussion during the intervention suggests that the current favorable state is most likely attributable to organizational commitment to the nurse residency program, effective leadership, and utilization by the organization of the UHC/AACN nurse residency model. Of note, the current CCNE nurse residency accreditation standards and criteria are designed in a cross-walk manner to directly align with the UHC/AACN residency model. Fidelity to the UHC/AACN model, along with organizational support, effective leadership, and diligent documentation, contribute directly to the existing readiness state. Most of the identified program gaps are regarded as minor, with some gap closure plans underway. The most significant gap (which is shared by nurse residency programs throughout Maryland and across the country) relates to the

criterion of “*the program is restricted to eligible employees.*” At the time of the project, accreditation by CCNE restricted participation in residency to baccalaureate graduates, whereas the organization permits participation by associate prepared graduates as well as baccalaureate. From a practical, economic, political, and philosophical position, this approach is anticipated to continue within the organization. With foresight towards possible accreditation, and knowledge of CCNE criteria, initiatives are already underway within the organization to address this gap.

The lack of significant findings in readiness for change after the intervention suggests that participation in a self-study fails to impact perceptions of readiness. This finding may be of interest to leaders considering interventional strategies to promote readiness. It is possible that the audit – feedback type of intervention used in this project is not an effective mechanism to exert an effect on organizational readiness. The ability to draw any conclusions however is precluded by the project design and sample limitations. As demonstrated in prior studies, it is reasonable to expect self-study to increase *operational readiness* through gap analysis and closure. Absent however from prior work is an attempt to relate participation in self-study with a change in *conceptual readiness*. It is conceivable that the readiness dimensions measured by the HORCT are not dimensions influenced by an audit – feedback type of intervention.

The most influential outcome of this project is the generation of information regarding organizational readiness and gaps in the NRP. The significance of this outcome lies in the role that information plays as an instrumental feedback-loop mechanism. Information serves as feedback to guide decisions and behavior. Information however only serves as feedback; it is the reaction to information that has the potential to result in change. Satisfying feedback coupled with a sense of expectancy, tends to result in a reaction of persistence towards goal attainment. Disappointing feedback on the other hand, with expectancy doubt often gives rise to

disengagement (MacKenzie, Mezo, & Francis, 2012)). A reaction of pride is expected from the organization concerning what was learned through the project. While social, political, and/or economic factors in the organization may play a competing role, leverage lies in the state of the information to influence decisions associated with gap closure activities and accreditation.

Limitations

Limitations of the current project center on the effect of the design and small sample size to provide power to enable significance and control for threats. While the project intervention used an evidence-based systematic approach, the participatory nature of design may have resulted in respondent bias, with possible overestimation of the magnitude of effect and findings. It should be considered that actual evidence and documents to satisfy criteria for accreditation were occasionally produced during the self-study meetings, although final determination regarding accreditation capacity was reached primarily on verbal consensus by team members. Lastly, data findings were reported from an Accreditation Readiness Survey's conducted prior to each intervention meeting, however the survey has no established reliability or validity.

Implications

Despite limitations, the project findings are useful, consistent with other similar studies, and offer support for the role of a systematic, facilitated, intermediary process to effectively assess the readiness state of an organization to undergo accreditation offer support for the role of a systematic, facilitated, intermediary process to effectively assess the readiness state of an organization to undergo accreditation. Pursuing accreditation, and the readiness for such an initiative should be of importance to organizations. Successful accreditation confers distinction for an organization, validates program quality, creates eligibility for funding, and prompts quality improvement initiatives. According to Weiner, Amick, and Lee (2014), most

unsuccessful initiatives in organizations are attributable to insufficient readiness. Readiness assessment and pursuant activities, such as those in this project, serve to minimize failure-risk for an organization and increase the likelihood of success.

The findings of this project will be of interest to the members of the education department, as well the project site's nursing governance body, the program's Advisory Council, and the university-academic-affiliate (School of Nursing). These stakeholders have a vested interest in the outcomes and sustainability of the site's nurse residency program. Each is uniquely expert and positioned to advance the mission of the program by providing insights, ideas, and wisdom from their unique perspective. Leadership and members of the Maryland State Collaborative of Nurse Residency Programs, who represent other healthcare organizations across the state that sponsor the UHC/AACN nurse residency program may also find the project outcomes useful. This project is unique in that no identified literature addresses preparing for nurse residency accreditation. Therefore, the methodological approach utilized in this project may serve as a prototype for other nurse residency programs contemplating accreditation.

While progress has been made on a national level to improve transition to practice for nurses through the establishment of a residency model, the low rate of accreditation by residency programs is a serious concern. Nurse leaders, professional organizations, and accrediting bodies must examine internal and external factors associated with the low rate of accreditation among residency programs. Considerations for future background research includes the identification of determinants such as knowledge, motivation, skill, and economics. Well-designed control studies are needed to determine the true effect of accreditation on the quality and outcomes of nurse residency programs, as well as identify predictors of readiness and successful accreditation. It is

incumbent upon professional nursing organizations to incorporate accreditation into a national strategic plan for nurse residency and undertake study of barriers and facilitating conditions.

Conclusions

This quality improvement project focused on the gap that exists in the accreditation rate of residency programs in nursing, with the aim of assessing one site's readiness to undergo accreditation of a non-accredited nurse residency program. Learned was that accreditation continues to be viewed as a valued but resource intensive undertaking, requiring leadership support to optimize readiness. Encouraging results offer clarity regarding the high state of readiness that presently exists within one organization to support a successful accreditation initiative. This work adds to our understanding of the important role that the self-assessment plays in preparing for change. Assessment of organizational readiness for change, as well as an assessment of the programmatic capacity to satisfy criteria for nurse residency accreditation, are essential steps toward achieving the valued peer-review distinction that accreditation provides.

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Appendix A
Evidence and Rating Table

Author, year	Study Design and Objectives	Sample (N)	Outcomes studied (how measured)	Results	*Level and Quality Rating
Greenfield, D. & Braithwaite, J. (2008)	Multi-method systematic review Identify and analyze research on accreditation and accreditation processes	N = 3,000 abstracts n = 58 retrieved (1983-2007)	Search Methods: 1. Database: Keywords JCAHO, and accreditation yielded 3,000 abstracts reviewed; 58 research studies retained 2. Search of accreditation body websites –1 document retrieved 3. Snowballing – 7 documents retrieved	Accreditation Themes 1. Attitudes 2. Promotes change 3. Organizational impact 4. Financial impact 5. Quality impact 6. Program assessment 7. Patient satisfaction 8. Public disclosure 9. Professional development 10. Surveyor issues Mixed and inconsistent findings except for 2 areas: 1. Promote change 2. Professional development Consistent barriers 1. Confidence that accreditation effects practice 2. Time, effort and money	5 B
<p><u>Strengths</u> Design: Systematic Review Sample: Broad search; inclusion of research studies only Procedures: Thematic analysis</p>			<p><u>Weaknesses</u> Design: Inclusion of grey literature Sampling: Inclusion of dated publications Measurement: No description of framework/criteria used for analysis of studies Procedures: No description of who actually conducted the review</p>		

Author, year	Study Design and Objectives	Sample (N)	Outcomes studied (how measured)	Results	*Level and Quality Rating
Baskind, R, Kordowicz, M, & Chaplin, R. (2010)	<p>Qualitative Case Study</p> <p>To explore the effects of failed accreditation on staff practices</p>	<p>Self-selection sample $n = 11$</p> <p>Lead contact from 11 failed accreditation sites</p> <p>Setting - 11 mental health facilities in Northern England enrolled in the study</p>	<p>Interviews with facility leads to ask, “As a result of the accreditation process”</p> <ol style="list-style-type: none"> 1. Has your practice changed? 2. How did you make those changes? 3. How did the accreditation enable the practice changes? 4. What corrective actions were taken? <p>Two independent reviewers of interview transcripts</p>	<p>Thematic Analysis</p> <p>The following themes were identified as practice changes that occurred as a result of the accreditation process in order of frequency</p> <ol style="list-style-type: none"> 1. Enhanced communication 2. Leverage for resources 3. Clarity with standards 4. Satisfaction for improving 5. Improving practice not cited as deficient 	6, C
<p><u>Strengths</u></p> <p>Design: Qualitative study to identify themes</p> <p>Procedures: Two independent reviewers of interview transcripts</p>			<p><u>Weaknesses</u></p> <p>Design: Lack of randomization</p> <p>Sample: Non-probability; No demographics provided; small sample</p> <p>Measures: No reported reliability and validity of measure</p> <p>Procedures: Self-report without document validation; Only interviewed the lead contact person at each site</p>		

Author, year	Study Design and Objective Design	Sample (N)	Outcomes studied (how measured)	Results	*Level and Quality Rating
Erwin, P., (2009)	<p>Case Study</p> <p>Describe the inputs, processes and outcomes of an accreditation readiness assessment at a health department in Knox County Tennessee</p>	<p>Convenience Sample n = 7</p> <p>Accreditation work-group of upper and senior level staff of a Health Department in Tennessee (no other demographics provided)</p> <p><u>Health Department:</u> 400,000 catchment 312 FT employees \$26 million budget 131,787 patient encounters/year</p>	<p>Local Health Department Assessment Tool to measure:</p> <ol style="list-style-type: none"> 1. 10 essential services (ES) 2. 45 standards that reflect the ES 3. 224 indicators that reflect the standards <p>Likert Scale 0 (no capacity) -6 (optimal capacity) to satisfy indicator</p> <p>Open ended interviews on the process, tool and lessons learned</p>	<p>Self-study took 11 weeks, 184 man hours, equivalent cost of \$8,565</p> <p>Likert scale scores for each ES was converted to percentage</p> <p>Capacity to satisfy scores on the ES ranged from 57-84%</p> <p>Documentation available to satisfy ES 24- 90%</p> <p>Correlation between perceived capacity and documentation was significant: $r = 0.75$ $p = .01$</p>	6, B
<p><u>Strengths</u></p> <p>Design: Model case study for scholarly project</p> <p>Setting: Health care</p> <p>Measurement: Systematic and comprehensive – similar to design required for scholarly project</p> <p>Procedures: Model procedures to that planned for the scholarly project</p> <p>Analysis – Appropriate for design and level of data</p>			<p><u>Weaknesses</u></p> <p>Design: Case study – low quality</p> <p>Sample: Non-Probability; no demographics reported</p> <p>Procedures: Work group members were encouraged to discuss indicators prior to responding to survey</p>		

Author, year	Study Design and Objective Design	Sample (N)	Outcomes studied (how measured)	Results	*Level and Quality Rating
Winship, K and Lee, S. (2012)	<p>Case Study</p> <p>Describe a Human Service (Social Service) Agencies effort to engage in an organizational self-assessment and pursue accreditation</p>	<p>Convenience Sample n = 21 self-study teams (one for each standard)</p> <p>No report of numbers on each team or composition</p> <p>Services Provided by Setting:</p> <ol style="list-style-type: none"> 1. Child Protection 2. Shelter 3. Foster Care 4. Youth Living 5. Adoption 6. Workforce 7. Counseling 	<ol style="list-style-type: none"> 1. Self-Study and Gap Analysis: current vs expected 2. Documentation: Compile policies and procedures 3. Practice Revision: Gap closure plan 4. Staff Training: New procedures as result of gap closure 5. Self-Study Submission <p>2 year self-study process, 1,400 page narrative, 3 day site visit</p>	<p>Successfully Accredited</p> <ul style="list-style-type: none"> ▪ 2 year self-study ▪ 1,400 page narrative <p>Challenges</p> <ul style="list-style-type: none"> ▪ Overwhelming work ▪ Unclear purpose, benefit or value ▪ Troubled by deficits <p>Lessons learned</p> <ul style="list-style-type: none"> ▪ Importance of leadership ▪ Necessity of knowledge management ▪ Magnitude and scope of the process <p>Unintended Outcomes</p> <ul style="list-style-type: none"> ▪ Increased ownership of practice ▪ Increased communication ▪ Gratification 	6, B
<p><u>Strengths</u></p> <p>Design: Model case study for scholarly project</p> <p>Setting: Health care</p> <p>Measurement: Systematic and comprehensive – similar to design required for scholarly project</p> <p>Procedures: Model procedures to that planned for the scholarly project</p> <p>Analysis – Appropriate for design and level of data</p>			<p><u>Weaknesses</u></p> <p>Design: Case study – low quality</p> <p>Sample: Non-Probability; no demographics reported</p> <p>Procedures: Work group members were encouraged to discuss indicators prior to responding to survey</p>		

Author, year	Study Design and Objective Design	Sample (N)	Outcomes studied (how measured)	Results	*Level and Quality Rating
<p>Holt, D., Armenakis, A., Field, H., & Harris, A (2007)</p> <p><i>*Tool planned for one of two methods of data collection</i></p>	<p>Correlational</p> <p>The purpose of this study was to develop and evaluate an instrument that can be used at the individual level to evaluate organizational readiness</p>	<p>In total for 5 phases n = 900</p> <p>High school to graduate degrees,</p> <p>Backgrounds in HR, engineering, management, education</p> <p>Public and private sector</p>	<p>Five Phases</p> <ol style="list-style-type: none"> 1. Item development 5 Concepts 59 Items (Adequacy Testing 44 items retained) 2. Questionnaire 3. Item Reduction Factor Analysis 4. Scale Evaluation Validity 5. Replications Confirmatory 	<ol style="list-style-type: none"> 1. 59 items reduced to 25 2. 4 variables accounted for 67% variance <ul style="list-style-type: none"> ▪ Appropriateness ▪ Management Support ▪ Personal valence ▪ Change Efficacy 3. Validity Established <ul style="list-style-type: none"> ▪ Convergent ▪ Incremental ▪ Predictive 4. Replication <ul style="list-style-type: none"> ▪ Reliability established ▪ Convergent Validity 	<p>5,A</p>
<p><u>Strengths</u></p> <p>Literature Review: Adequate</p> <p>Theoretical Framework: Organizational Readiness Diagram; operational definitions of variables</p> <p>Sampling: Large sample</p> <p>Methodology: Followed Hinkin Framework to develop psychometrically sound instrument (5 phases)</p> <p>Measure: Initial and final items provided; Established a reliable and valid instrument</p> <p>Analysis: Factor analysis data and correlational matrix provided</p>			<p><u>Weaknesses</u></p> <p>Design: Correlational</p> <p>Framework: variables identified as loading did not align with framework</p> <p>Sampling Technique: Not reported; no demographics provided</p> <p>Setting: Two organizations – may limit generalizability</p>		

Summary of Evidence			
Level of Evidence	Number of Studies	Summary of Findings	Overall Quality
6	3	<p>All three studies identified similar findings that the accreditation process is resources intensive, demanding time, effort, money and many man-hours.</p> <p>Value for accreditation was inconsistent as some perceived value for making improvements while others viewed it more burdensome than valuable.</p> <p>All three studies took a similar systematic team approach to conducting self-assessment for accreditation and described in detail the process undertaken.</p>	<p>C. Two case and one qualitative study – design without control limits causal or predictive ability; threats to external validity (time, place and person) minimizes generalizability, however value lies in the parallel of studies to scholarly project</p>
5	1	<p>10 accreditation themes from a systematic review of 58 research studies on accreditation</p> <p>Mixed and inconsistent findings except for 2 areas: Accreditation promoted change, quality improvement initiatives and professional development</p> <p>Consistent barriers that were identified associated with accreditation were confidence that accreditation effects practice time, effort and money</p>	<p>B. Extensive systematic review over 25 year period, included only empirical research studies; included relevant findings from each study in publication, however Mesh terms nor provided so limited ability to reproduce</p>

Appendix B

Holt Organizational Readiness for Change Tool (HORCT)

	Strongly Disagree	Disagree	Somewhat Disagree	Neither	Somewhat Agree	Agree	Strongly Agree
Appropriateness							
The organization will benefit from accreditation	1	2	3	4	5	6	7
It doesn't makes sense for us to pursue accreditation	1	2	3	4	5	6	7
There are legitimate reasons for us to pursue accreditation	1	2	3	4	5	6	7
Accreditation will improve our overall efficiency	1	2	3	4	5	6	7
There are a number of rationale reasons to pursue accreditation	1	2	3	4	5	6	7
In the long run, it will be worthwhile for us if the organization pursues accreditation	1	2	3	4	5	6	7
Accreditation will make our jobs easier	1	2	3	4	5	6	7
When the nurse residency program is accredited, there won't be anything for to gain	1	2	3	4	5	6	7
The time spent on accreditation should be spent on something else	1	2	3	4	5	6	7
Accreditation matches the priorities of our organization	1	2	3	4	5	6	7

	Strongly Disagree	Disagree	Somewhat Disagree	Neither	Somewhat Agree	Agree	Strongly Agree
Management Support							
Our senior leaders have encouraged all of us to embrace accreditation	1	2	3	4	5	6	7
Our organization's top decision makers have put their full support behind accreditation	1	2	3	4	5	6	7
Every senior manager has stressed the importance of accreditation	1	2	3	4	5	6	7
Our organizations most senior leader is committed to accreditation	1	2	3	4	5	6	7
We are spending a lot of time on accreditation when senior managers don't even want it implemented	1	2	3	4	5	6	7
Management has sent a clear signal that our organization is going to pursue accreditation	1	2	3	4	5	6	7
Personal Capability							
I do not anticipate any problems adjusting to the work that we will have when we are accredited	1	2	3	4	5	6	7
There are some tasks that will be required for accreditation that I don't think we can do well	1	2	3	4	5	6	7
When we go through the accreditation process, I feel we can handle it with ease	1	2	3	4	5	6	7
We have the skills needed to make accreditation work	1	2	3	4	5	6	7
If we set our minds to it, we can learn everything that will be required for accreditation	1	2	3	4	5	6	7
My past experiences make me confident that we will be able to perform successfully for accreditation	1	2	3	4	5	6	7

Appendix C

Accreditation Readiness Survey

- 1 = There is no planning, staff, resources, activities to satisfy the criteria
- 2 = There is minimal planning, staff, resources, activities to satisfy the criteria (< 25% of requirement is met)
- 3 = There is moderate planning, staff, resources, activities to satisfy the criteria (>25% <50% of requirement is met)
- 4 = There is significant planning, staff, resources, activities to satisfy the criteria (>50% <75% of requirement is met)
- 5 = There is optimal planning, staff, resources, activities to satisfy the criteria (>75% of requirement is met)

Accreditation Key Elements	No Capacity	Minimal Capacity	Moderate Capacity	Significant Capacity	Optimal Capacity
CCNE Standard 1: Program Faculty					
The program faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.	1	2	3	4	5
The program faculty are oriented to their roles and responsibilities which are clearly defined.	1	2	3	4	5
The program faculty are evaluated.	1	2	3	4	5
The program faculty participate in professional development	1	2	3	4	5
CCNE Standard 2: Institutional Commitment and Resources to achieve mission, goals, outcomes:					
An active Academic-Practice Partnership is in place	1	2	3	4	5
Fiscal and physical program resources are sufficient.	1	2	3	4	5
Fiscal and Physical resources are reviewed regularly and revised as needed.	1	2	3	4	5

	No Capacity	Minimal Capacity	Moderate Capacity	Significant Capacity	Optimal Capacity
The program is restricted to eligible employees, and all eligible employees participate in the program.	1	2	3	4	5
A residency coordinator is designated who is academically and experientially qualified to provide effective leadership	1	2	3	4	5
The program faculty are sufficient in number	1	2	3	4	5
Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis	1	2	3	4	5
The chief nursing officer is academically and experientially qualified to provide leadership for the program	1	2	3	4	5
The chief nursing officer has the fiscal and organizational authority to allocate resources and supports the program	1	2	3	4	5
Nurse managers assure resident participation in program activities.	1	2	3	4	5
Program Documents and publications are accurate.	1	2	3	4	5
CCNE Standard 3: Curriculum					
The curriculum includes planning, organizing, prioritizing and delegating to manage patient cares.	1	2	3	4	5
The curriculum includes time management, organization of care and decision-making to effectively manage resources.	1	2	3	4	5
The curriculum includes effective communication and use of the chain of command to effectively manage patient care.	1	2	3	4	5
The curriculum includes conflict management to develop skills.	1	2	3	4	5
The curriculum includes assessment, responding to change in condition, and modifications to plans of care to meet standards.	1	2	3	4	5

	No Capacity	Minimal Capacity	Moderate Capacity	Significant Capacity	Optimal Capacity
The curriculum includes patient/family teaching relevant to health promotion, disease/injury prevention and disease management.	1	2	3	4	5
The curriculum includes best practices for pain management.	1	2	3	4	5
The curriculum includes best practices for skin/wound management.	1	2	3	4	5
The curriculum includes risk assessment and management to prevent falls.	1	2	3	4	5
The curriculum includes medication administration for safe and accurate administration	1	2	3	4	5
The curriculum includes situations and actions that contribute to medication errors	1	2	3	4	5
The curriculum includes cultivating a blame free environment in response to errors	1	2	3	4	5
The curriculum includes infection control principles to think critically to prevent and alleviate infection.	1	2	3	4	5
The curriculum includes ethics, ethical dilemmas and frameworks for use to resolve ethical problems.	1	2	3	4	5
The curriculum includes end-of-life care to support and care to the dying patient and family.	1	2	3	4	5
The curriculum includes transcultural care to increase sensitivity to diversity among peers and patients.	1	2	3	4	5
The curriculum includes the management of personal stress to promote self-care	1	2	3	4	5

	No Capacity	Minimal Capacity	Moderate Capacity	Significant Capacity	Optimal Capacity
The curriculum includes concepts of evidence-based practice to increase the use in the delivery of safe, quality patient care.	1	2	3	4	5
The curriculum includes plans for professional development to advance the resident's experience, knowledge, education and ability to contribute to the profession	1	2	3	4	5
CCNE Standard 4: Program Effectiveness					
A written evaluation plan describes how program data are systematically collected and analyzed.	1	2	3	4	5
Program data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.	1	2	3	4	5
Program data are used to foster ongoing program improvement.	1	2	3	4	5
Resident performance is evaluated by the unit hospital staff to demonstrate transition from advanced beginner to competent professional nurse.	1	2	3	4	5
Program satisfaction data are collected from residents	1	2	3	4	5
Program satisfaction data are collected from others who are responsible for or involved in the program.	1	2	3	4	5
Program data are shared between the hospital and the academic partner to foster ongoing program improvement.	1	2	3	4	5
A process is in place to address formal complaints about the program.	1	2	3	4	5
Information from any formal complaints is used to foster ongoing program improvement.	1	2	3	4	5

Appendix D

Scholarly Project Timeline

Timeline	Semester		
	SPR-15	SUM-15	FALL-15
Consult with Committee Chair and prepare scholarly project talking points for discussion with project site	Jan '15		
Make project site visit, deliver project presentation and procure verbal commitment for sponsorship	Feb '15		
Preliminary recruitment of accreditation self-study team at project site; secure 5 bi-weekly implementation dates for the summer of '15	Feb '15		
Consult with Committee Chair and design project procedures: <ul style="list-style-type: none"> ▪ data collection pre-implementation (on-line survey) ▪ implementation – facilitated self-study (4 sessions) ▪ data collection post-implementation (on-line survey) 	Feb-Mar '15		
Consult with Committee Chair and secure instrumentation <ul style="list-style-type: none"> ▪ Holt Organizational Readiness for Change Tool (HORCT) – seek permission to use, establish content validity, generate on-line version for deployment ▪ Accreditation Checklist – adapt from accreditation standards, generate on-line version for deployment ▪ Meeting Minutes Guide 	Mar – Apr '15		
Consult with Committee Chair and design data analytic plans	April '15		
Re-visit project site for updates and confirmation of procedures	4/17/15		
Complete CITI Training	4/30/15		
Submit Scholarly Project Proposal to Committee	5/1/15		
Scholarly Project Proposal presentation	5/12/15		
Consult with Committee Chair and submit IRB exemption	5/15/15		
Prepare self-study packets/materials for self-study team	5/22/15		

Consult with Committee Chair for final procedures	5/22/15		
Final planning meeting with scholarly project site	5/29/15		
Orientation Meeting with sample Two		6/1/15	
Deploy Holt Organizational Readiness for Change Tool Sample One		6/2/15	
Sample Two: CCNE Accreditation Section 1 – Faculty		6/2/15	
▪ Deploy Accreditation Checklist – Section 1		6/2/15	
▪ Tabulate, record and disseminate results - Section 1		6/2/15	
▪ Implementation Facilitated Meeting – Section 1		6/3/15	
Consult with committee Chair		6/5/15	
Sample Two: CCNE Accreditation Section 2 – Support		6/12/15	
▪ Deploy Accreditation Checklist – Section 2		6/12/15	
▪ Tabulate, record and disseminate results - Section 2		6/15/15	
▪ Implementation Facilitated Meeting – Section 2		6/17/15	
Consult with Committee Chair		6/19/15	
Sample Two: CCNE Accreditation Section 3 – Curriculum		7/2/15	
▪ Deploy Accreditation Checklist – Section 3		7/2/15	
▪ Tabulate, record and disseminate results - Section 3		7/6/15	
▪ Implementation Facilitated Meeting – Section 3		7/8/15	
Consult with Committee Chair		7/10/15	
Sample Two: CCNE Accreditation Section 4 – Evaluation		7/20/15	
▪ Deploy Accreditation Checklist – Section 4		7/20/15	
▪ Tabulate, record and disseminate results - Section 4		7/23/15	
▪ Implementation Facilitated Meeting – Section 4		7/27/15	
Consult with Committee Chair and conduct data analysis			Aug – Sept ‘15
Draft an Executive Summary of findings and recommendations			Oct – Nov ‘15
Presentation to stakeholders			Dec ‘15
Manuscript (dissemination)			Dec ‘15

Appendix E

Institutional Review Board Approval

Research is Not Human Subjects Research  Inbox x



CICERO@som.umaryland.edu
to me 

May 25 



Not Human Subjects Research (NHSR) Confirmed

To: Renee Franquiz

Link: [HP-00064381](#)

An IRB Analyst has reviewed the information provided and has determined that the project meets the definition of *Not Human Subjects Research* (NHSR). IRB oversight is not required and no further actions are required.

Description:

Submission Title: Organizational Readiness for Nurse Residency Accreditation

POC: Charlotte Seckman

Please contact the HRPO at 410-706-5037 or HRPO@umaryland.edu if you have any questions.

Appendix F

Scholarly Project Data Codebook

Data Element	Variable Name	Level of Measurement	Code Description	Type Data	Field Length
Participant ID	ID	Continuous	Number assigned to each survey	Numeric	2
Sample Membership	SAMPLE	Categorical	1 = CPPD 2 = Self Study team	Numeric	2
Age at time of survey	AGE	Categorical	1 = less than 30 years 2 = 30-39 years 3 = 40-49 years 4 = 50-59 years 5 = greater than 59	Numeric	2
Gender	GENDER	Categorical	1 = Male 2 = Female	Numeric	2
Race	RACE	Categorical	1 = White 2 = NonWhite	Numeric	2
Highest Education Achieved	EDUCLEVEL	Categorical	1 = Bachelors 2 = Masters 3 = Doctorate 4 = Post-Doctorate	Numeric	2
Years in Current Position	YRSPOS	Categorical	1 = less than 1 year 2 = 1-3 years 3 = 4-6 years 4 = 7-9 years 5 = greater than 9 years	Numeric	2
Years in Nursing	YRSNURSG	Categorical	1 = less than 5 2 = 5-10 years 3 = 11-15 years 4 = 16-20 years 5 = greater than 20 years	Numeric	2

Data Element	Variable Name	Level of Measurement	Code Description	Type Data	Field Length
Pre-Implementation HOLT Readiness Scale Q1- Q22	HOLTQ1PRE through HOLTQ22PRE	Categorical	1 = Strongly Disagree 2 = Disagree 3 = Somewhat Disagree 4 = Neutral 5 = Somewhat Agree 6 = Agree 7 = Strongly Agree	Numeric	2
Pre-Implementation HOLT Readiness Scale Appropriateness Subscale Total Score	PREHOLTAPPSUBS CALE	Continuous	SUM HOLT item 1-10 Min = 10 Max = 70	Numeric	2
Pre-Implementation HOLT Readiness Scale Support Subscale Total Score	PREHOLTSUPPSUB SCALE	Continuous	SUM HOLT item 11-16 Min = 6 Max = 42	Numeric	2
Pre-Implementation HOLT Readiness Scale Capability Subscale Total Score	PREHOLTCAPSUB SCALE	Continuous	SUM HOLT item 17-22 Min = 6 Max = 42	Numeric	2
Pre-Implementation HOLT Scale Total Score	PREHOLTTOTSCA LE	Continuous	SUM of HOLT Items 1-22 Min = 22 Max = 154	Numeric	2
Pre-Implementation HOLT Readiness Scale Appropriateness Subscale Median Score	PREHOLTAPPSUB RANK	Categorical	RANK of HOLT item 1-10 Min = 1 Max = 7	Numeric	2
Pre-Implementation HOLT Readiness Scale Support Subscale Median Score	PREHOLTSUPPSUB RANK	Categorical	RANK of HOLT item 11-16 Min = 1 Max = 7	Numeric	2

Data Element	Variable Name	Level of Measurement	Code Description	Type Data	Field Length
Pre-Implementation HOLT Readiness Scale Capability Subscale Median Score	PREHOLT CAPSUB RANK	Categorical	RANK of HOLT item 17-22 Min = 1 Max = 7	Numeric	2
Pre-Implementation HOLT Scale Total Rank Score	PREHOLT TOTRAN K	Categorical	RANK of Items 1-22 Min = 1 Max = 7	Numeric	2
Post-Implementation HOLT Readiness Scale Q1 - 22	HOLTQ1POST through HOLTQ22POST	Categorical	1 = Strongly Disagree 2 = Disagree 3 = Somewhat Disagree 4 = Neutral 5 = Somewhat Agree 6 = Agree 7 = Strongly Agree	Numeric	2
Post-Implementation HOLT Readiness Scale Appropriateness Subscale Total Score	POSTHOLT APPSU B	Continuous	SUM HOLT item 1-10 Min = 10 Max = 70	Numeric	2
Post-Implementation HOLT Readiness Scale Support Subscale Total Score	POSTHOLT SUPPSU B	Continuous	SUM HOLT item 11-16 Min = 6 Max = 42	Numeric	2
Post-Implementation HOLT Readiness Scale Subcategory: Personal Capability Subscale Total Score	POSTHOLT CAPSU B	Continuous	SUM HOLT item 17-22 Min = 6 Max = 42	Numeric	2
POST-Implementation HOLT Readiness Scale Total Score	POSTHOLT TOT	Continuous	SUM HOLT Items 1-22 Min = 22 Max = 154	Numeric	2

Data Element	Variable Name	Level of Measurement	Code Description	Type Data	Field Length
Post-Implementation HOLT Readiness Scale Appropriateness Subscale Median Score	POSTHOLTAPPSU BRANK	Categorical	RANK of HOLT item 1-10 Min = 1 Max = 7	Numeric	2
POST-Implementation HOLT Readiness Scale Support Subscale Median Score	POSTHOLTSUPPSU BRANK	Categorical	RANK of HOLT item 11-16 Min = 1 Max = 7	Numeric	2
POST-Implementation HOLT Readiness Scale Capability Subscale Median Score	POSTHOLTCAPSU BRANK	Categorical	RANK of HOLT item 17-22 Min = 1 Max = 7	Numeric	2
POST-Implementation HOLT Scale Total Median Score	POSTHOLTTOTRA NK	Categorical	RANK of Items 1-22 Min = 1 Max = 7	Numeric	2
CCNE Residency Accreditation Standard 1 – Faculty Capacity Scale Items 1-5	STD1_01 to 05	Categorical	0 = Unsure 1 = No Capacity 2 = Minimal Capacity 3 = Moderate Capacity 4 = Significant Capacity 5 = Optimal Capacity	Numeric	2
CCNE Residency Accreditation Standard 2- Institutional Support Capacity Scale Items 06-18	STD2_06 to 18	Categorical	0 = Unsure 1 = No Capacity 2 = Minimal Capacity 3 = Moderate Capacity 4 = Significant Capacity 5 = Optimal Capacity	Numeric	2

Data Element	Variable Name	Level of Measurement	Code Description	Type Data	Field Length
CCNE Residency Accreditation Standard 3- Curriculum - Leadership Capacity Scale Items 19-22	STD3LEAD_19 to 22	Categorical	0 = Unsure 1 = No Capacity 2 = Minimal Capacity 3 = Moderate Capacity 4 = Significant Capacity 5 = Optimal Capacity	Numeric	2
CCNE Residency Accreditation Standard 3 – Curriculum Outcomes Capacity Scale Items 23-30	STD3OUT_23-30	Categorical	0 = Unsure 1 = No Capacity 2 = Minimal Capacity 3 = Moderate Capacity 4 = Significant Capacity 5 = Optimal Capacity	Numeric	2
CCNE Residency Accreditation Standard 3 – Curriculum - Role Capacity Scale Items 31 - 38	STD3ROLE_31-38	Categorical	0 = Unsure 1 = No Capacity 2 = Minimal Capacity 3 = Moderate Capacity 4 = Significant Capacity 5 = Optimal Capacity	Numeric	2
CCNE Residency Accreditation Standard 4 – Evaluation Capacity Scale Items 39 – 47	STD4EVAL_39-47	Categorical	0 = Unsure 1 = No Capacity 2 = Minimal Capacity 3 = Moderate Capacity 4 = Significant Capacity 5 = Optimal Capacity	Numeric	2

Data Element	Variable Name	Level of Measurement	Code Description	Type Data	Field Length
CCNE Residency Accreditation Standard 1 – Faculty Capacity Scale Subscale Total Score	STD1TOT	Continuous	SUM ACCSTD1 items 1-5 Min = 5 Max = 25	Numeric	2
CCNE Residency Accreditation Standard 2 – Inst Support Capacity Scale Subscale Total Score	STD2TOT	Continuous	SUM STD2 items 6-18 Min = 13 Max = 65	Numeric	2
CCNE Residency Accreditation Standard 3 – Curriculum Capacity Scale Subscale Total Score	STD3TOT	Continuous	SUM STD3 items 19-38 Min = 20 Max = 100	Numeric	2
CCNE Residency Accreditation Standard 4 – Evaluation Capacity Scale Subscale Total Score	STD4TOT	Continuous	SUM STD4 items 39 – 47 Min = 9 Max = 45	Numeric	2
CCNE Residency Accreditation Capacity Scale Total Score	ACCTOT	Continuous	SUM ALL STD Items Min = 47 Max = 235	Numeric	2
CCNE Residency Accreditation Standard 1 – Faculty Capacity Scale Subscale Median Score	STD1RANK	Categorical	RANK ACCSTD1 items 1-5 Min = 1 Max = 5	Numeric	2
CCNE Residency Accreditation Standard 2 – Inst Support Capacity Scale Subscale Median Score	STD2RANK	Categorical	RANK of STD2 items 6-8 Min = 1 Max = 5	Numeric	2
CCNE Residency Accreditation Standard 3 – Curriculum Capacity Scale Subscale Median Score	STD3RANK	Categorical	RANK of STD3 items 19-38 Min = 1 Max = 5	Numeric	2

Data Element	Variable Name	Level of Measurement	Code Description	Type Data	Field Length
CCNE Residency Accreditation Standard 4 – Evaluation Capacity Scale Subscale Median Score	STD4RANK	Categorical	RANK of STD4 items 39 – 47 Min = 1 Max = 5	Numeric	2
CCNE Residency Accreditation Capacity Scale Total Median Score	ACCTOTRANK	Categorical	RANK ALL STD Items Min = 1 Max = 5	Numeric	2

Appendix G

Pre-Intervention HORCT Results – Sample 1

HORCT Survey Item	Median	IQR
1. The organization will benefit from accreditation	7	(1)
2. It doesn't makes sense for us to pursue accreditation*	7	(1)
3. There are legitimate reasons for us to pursue accreditation	7	(0)
4. Accreditation will improve our overall efficiency	5	(2)
5. There are a number of rationale reasons to pursue accreditation	6	(2)
6. In the long run, it will be worthwhile for us if the organization pursues accreditation	7	(1)
7. Accreditation will make our jobs easier	4	(2)
8. When the nurse residency program is accredited, there won't be anything for to gain	6	(2)
9. The time spent on accreditation should be spent on something else*	6	(1)
10. Accreditation matches the priorities of our organization	7	(1)
11. Our senior leaders have encouraged all of us to embrace accreditation	5	(2)
12. Our organization's top decision makers have put their full support behind accreditation	5	(2)
13. Every senior manager has stressed the importance of accreditation	4	(2)
14. Our organizations most senior leader is committed to accreditation	5	(1)
15. We are spending a lot of time on accreditation when senior managers don't even want it implemented*	6	(1)
16. Management has sent a clear signal that our organization is going to pursue accreditation	4	(2)
17. I do not anticipate any problems adjusting to the work that we will have when we are accredited*	4	(4)
18. There are tasks that will be required for accreditation that I don't think we can do well*	6	(1)
19. When we go through the accreditation process, I feel we can handle it with ease	6	(1)
20. We have the skills needed to make accreditation work	5	(2)
21. If we set our minds to it, we can learn everything that will be required for accreditation	6	(2)
22. My past experiences make me confident that we will be able to perform successfully for accreditation	6	(2)

Pre-Intervention HORCT Results – Sample 2

HORCT Survey Item	Median	IQR
1. The organization will benefit from accreditation	6	(1)
2. It doesn't makes sense for us to pursue accreditation*	6	(1.5)
3. There are legitimate reasons for us to pursue accreditation	7	(1.5)
4. Accreditation will improve our overall efficiency	6	(1)
5. There are a number of rationale reasons to pursue accreditation	6	(1.5)
6. In the long run, it will be worthwhile for us if the organization pursues accreditation	7	(1.5)
7. Accreditation will make our jobs easier	5	(3)
8. When the nurse residency program is accredited, there won't be anything for to gain	6	(1)
9. The time spent on accreditation should be spent on something else*	6	(1)
10. Accreditation matches the priorities of our organization	6	(1)
11. Our senior leaders have encouraged all of us to embrace accreditation	5	(1)
12. Our organization's top decision makers have put their full support behind accreditation	5	(3)
13. Every senior manager has stressed the importance of accreditation	5	(2.5)
14. Our organizations most senior leader is committed to accreditation	6	(2.5)
15. We are spending a lot of time on accreditation when senior managers don't even want it implemented*	6	(2)
16. Management has sent a clear signal that our organization is going to pursue accreditation	5	(3)
17. I do not anticipate any problems adjusting to the work that we will have when we are accredited*	6	(1.5)
18. There are tasks that will be required for accreditation that I don't think we can do well*	6	(1)
19. When we go through the accreditation process, I feel we can handle it with ease	5	(3.5)
20. We have the skills needed to make accreditation work	5	(2)
21. If we set our minds to it, we can learn everything that will be required for accreditation	5	(2)
22. My past experiences make me confident that we will be able to perform successfully for accreditation	5	(1)

Appendix H

Pre-Intervention Accreditation Readiness Survey Results – Sample 2

CCNE Accreditation Standard 1: Faculty	Median	IQR
1. The program faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.	4	(1.5)
2. The program faculty are oriented to their roles and responsibilities which are clearly defined.	4	(2)
3. The program faculty are evaluated.	3.5	(2.5)
4. The program faculty participate in professional development	3	(2.5)
5. Faculty roles are clearly defined	4	(1.5)
CCNE Accreditation Standard 2: Institutional Support	Median	IQR
6. An active Academic-Practice Partnership is in place	5	(1.5)
7. Fiscal and physical program resources are sufficient.	3	(2)
8. Fiscal and Physical resources are reviewed regularly and revised as needed.	3.5	(1.75)
9. The program is restricted to eligible employees, and all eligible employees participate in the program.	4.5	(1.75)
10. A residency coordinator is designated who is academically and experientially qualified to provide effective leadership	4	(1.5)
11. The program faculty are sufficient in number	4	(.75)
12. Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis	3	(1.5)
13. The chief nursing officer is academically and experientially qualified to provide leadership for the program	5	(0)
14. The chief nursing officer has the fiscal and organizational authority to allocate resources and supports the program	4	(0)
15. The Dean of the University is academically and experientially qualified to provide leadership for the program	5	(0)
16. The Dean of the University has the fiscal and organizational authority to allocate resources and supports the program	2	(0)
17. Nurse managers assure resident participation in program activities.	3.5	(2.5)
18. Program documents and publications are accurate.	4	(.75)
CCNE Accreditation Standard 3: Curriculum	Median	IQR
19. The curriculum includes planning, organizing, prioritizing and delegating to manage patient cares.	4	(1.5)
20. The curriculum includes time management, organization of care and decision-making to effectively manage resources.	4	(1.5)
21. The curriculum includes effective communication and use of the chain of command to effectively manage patient care.	4	(1)
22. The curriculum includes conflict management to develop skills.	2	(1)
23. The curriculum includes assessment, responding to change in condition, and modifications to plans of care to meet standards.	4	(1)

24. The curriculum includes patient/family teaching relevant to health promotion, disease/injury prevention and disease management.	4	(.5)
25. The curriculum includes best practices for pain management.	4	(.5)
26. The curriculum includes best practices for skin/wound management.	4	(0)
27. The curriculum includes risk assessment and management to prevent falls.	4	(1)
28. The curriculum includes best practices for safe administration of medication	4	(.5)
29. The curriculum includes best practices for reducing medication errors	4	(.5)
30. The curriculum includes infection control principles to think critically to prevent and alleviate infection.	4	(.5)
31. The curriculum includes ethics, ethical dilemmas and frameworks for use to resolve ethical problems.	4	(1)
32. The curriculum includes end-of-life care to support and care to the dying patient and family.	5	(1)
33. The curriculum includes transcultural care to increase sensitivity to diversity among peers and patients.	4	(1)
34. The curriculum includes the management of personal stress to promote self-care	5	(1)
35. The curriculum includes concepts of evidence-based practice to increase the use in the delivery of safe, quality patient care.	5	(1)
36. The curriculum includes plans for professional development to advance the resident's experience, knowledge, education and ability to contribute to the profession	5	(1)
CCNE Accreditation Standard 4: Program Effectiveness	Median	IQR
37. A written evaluation plan describes how program data are systematically collected and analyzed.	4	(1.5)
38. Program satisfaction data are collected from residents	5	(1)
39. Program satisfaction data are collected from others who are responsible for or involved in the program.	4	(2)
40. Resident performance is evaluated by the unit hospital staff to demonstrate transition from advanced beginner to competent professional nurse.	4	(2)
41. Program data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.	3	(1)
42. Program data are used to foster ongoing program improvement.	4	(.5)
43. Program data are shared between the hospital and the academic partner to foster ongoing program improvement.	4	(2.5)
44. A process is in place to address formal complaints about the program.	4	(1.5)
45. Information from any formal complaints is used to foster ongoing program improvement.	4	(.75)

Appendix I

Nurse Residency Accreditation Gap Closure Plan

Deficient Criteria	Gap Closure Plan
Standard 1: Faculty	
The program faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.	<ul style="list-style-type: none"> ● Obtain resume/CVs of academic partner faculty
The program faculty are oriented to their roles	<ul style="list-style-type: none"> ● Develop role orientation PowerPoint for facilitators and academic partners ● Create electronic signage form for orientation of preceptors, facilitators
The program faculty participate in professional development	<ul style="list-style-type: none"> ● Develop a roster of NRP faculty attendance at professional development offerings
Standard 2: Institutional Support	
An active Academic-Practice Partnership is in place	<ul style="list-style-type: none"> ● Obtain an articulation of resource sharing in writing from SON
Fiscal and physical program resources are sufficient.	<ul style="list-style-type: none"> ● Obtain documentation of HSCRC Grant Funding ● Obtain an agreement with SON for shared use of facilities
The program is restricted to eligible employees, and all eligible employees participate in the program.	<ul style="list-style-type: none"> ● Design an alternate plan for Associate Degree Graduate Nurses
The program faculty are sufficient in number	<ul style="list-style-type: none"> ● Develop a directory of program faculty
The Dean of the University is academically and experientially qualified to provide leadership for the program	<ul style="list-style-type: none"> ● Obtain CV of the UMSON DEAN and description of role
The Dean of the University has the fiscal and organizational authority to allocate resources and supports the program	<ul style="list-style-type: none"> ● Obtain an organizational chart of the UMSON and partnership agreement
Nurse managers assure resident participation in program activities.	<ul style="list-style-type: none"> ● Obtain a template of resident’s 6 month performance evaluation by manager or designee
Program documents and publications are accurate.	<ul style="list-style-type: none"> ● Assemble e-mails from UHC/AACN regarding content/material changes

Standard 3: Curriculum	
The curriculum includes planning, organizing, prioritizing and delegating to manage patient cares.	<ul style="list-style-type: none"> Obtain samples of patient assignment records from managers to reflect increased acuity of assignments
The curriculum includes time management, organization of care and decision-making to effectively manage resources.	<ul style="list-style-type: none"> Obtain Exemplars of patient care documentation
The curriculum includes patient/family teaching relevant to health promotion, disease/injury prevention and disease management.	<ul style="list-style-type: none"> Screen capture teaching needs assessment from the EHR
The curriculum includes best practices for pain management.	<ul style="list-style-type: none"> Screen capture pain assessment from the EHR
The curriculum includes best practices for skin/wound management.	<ul style="list-style-type: none"> Screen capture BRADEN assessment from the EHR
The curriculum includes risk assessment and management to prevent falls.	<ul style="list-style-type: none"> Screen capture Fall Risk Assessment from the EHR
Standard 4: Program Effectiveness	
Program satisfaction data are collected from others who are responsible for or involved in the program.	<ul style="list-style-type: none"> Developer locate an existing satisfaction survey for facilitators, preceptors, managers
A process is in place to address formal complaints about the program.	<ul style="list-style-type: none"> Write a grievance policy

Appendix I

Meeting Minutes

CCNE Standard 1: Program Faculty

Accreditation Criteria	Results	Status of Evidence	Action Needed
I-A. The program faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.	Median 4.0	Producible Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence Available for Drop:			
<ul style="list-style-type: none"> ▪ Role qualifications for preceptors, facilitators, and academic partner – UHC/AACN ▪ Preceptor and facilitator resumes of UMMC employees ▪ Contracts for guest lecturers, academic partner faculty 			
Evidence to Gather - Action Plan			
<ul style="list-style-type: none"> ▪ Obtain resume/CVs of academic partner faculty ▪ Create word document to summarize qualifications, education and experience 			
I-B. The program faculty are oriented to their roles and responsibilities which are clearly defined.	Median 4.0	Producible Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence Available for Drop			
<ul style="list-style-type: none"> ▪ Role description for preceptors, facilitators, and academic partners – UHC/AACN ▪ UM Nursing – CNO, Dean SoN, Director CPPD, Director Research, IT ▪ UMMC Preceptor Program, Meeting Agenda, Attendance Record 			
Evidence to Gather - Action Plan			
<ul style="list-style-type: none"> ▪ Role orientation for facilitators and academic partners - PowerPoint ▪ Create electronic signage form for orientation of preceptors, facilitators ▪ Create word document to summarize process for role definition and orientation 			

Accreditation Criteria	Results	Status of Evidence	Action Needed
I-C. The program faculty are evaluated.	Median 3.5	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- Resident evaluations of faculty in UHC/AACN Program Evaluation Tool
- Resident evaluation of preceptor
- Resident evaluations of each class session

Evidence to Gather – Action Plan

- Create word document to summarize faculty evaluation process

I-D. The program faculty participate in professional development	Median 3.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- CPPD continuing education schedule of offerings/Healthstream
- UHC/AACN Nurse Residency Webinars
- UMMC Certification Survey

Evidence to Gather – Action Plan

- Roster of NRP faculty attendance at professional development offerings
- Create word document to summarize faculty professional development

CCNE Standard 2: Institutional Commitment and Resources

Accreditation Criteria	Results	Status of Evidence	Action Needed
II-A. An active Academic-Practice Partnership is in place	Median: 5.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- Written articulation agreement in place
- Graduate Nurse Advisory Council Representation – agenda, minutes
- UHC/AACN Description

Evidence to Gather – Action Plan

- Articulation of resource sharing in writing
- Create a word document to describe the partner relationship

II-B. Fiscal and physical program resources are sufficient.	Median: 3.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- CCPDD Budget
- On-Line Space Reservation – description of each room
- Technology equipped spaces – adequate; fiscal resources dedicated for upgrade
- Access to simulation, lab, class space of academic partner; class space in other UMB professional schools (Social Work)

Evidence to Gather – Action Plan

- HSCRC Grant Funding
- Agreement with SON for use of facilities
- Create a word document to describe the budget process and allocation of program resources

Accreditation Criteria	Results	Status of Evidence	Action Needed
II-B. Fiscal and Physical resources are reviewed regularly and revised as needed.	Median: 3.5	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- Annual budget process for fiscal resources – written description; input from NR Coordinator?
- Graduate Nurse Advisory Council – Minutes reflect review of resources
- UMMC resident evaluation of facilities for each class
- UHC/AACN Program Evaluation Tool: Item III-1. Program provided critical elements

Evidence to Gather – Action Plan

- Create a word document to describe the review and revision of program resources

II-C. The program is restricted to eligible employees, and all eligible employees participate in the program.	Median: 4.5	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- UHC/AACN resident qualifications and expectations
- UMMC Program Description
- UHC/AACN demographics profile
- Advancement Model stipulates completion of NRP

Evidence to Gather – Action Plan

- Alternate plan for Associate Degree Graduate Nurses
- Create a word document to summarize program enrollment

Accreditation Criteria	Results	Status of Evidence	Action Needed
II-D. A residency coordinator is designated who is academically and experientially qualified to provide effective leadership	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Nurse Residency Program qualifications and expectations documents
- Resume/CV/Bio
- UHC/AACN Nurse Residency Program Checklist
- New Graduate Resident letter

Evidence to Gather – Action Plan

- Create a word document to summarize the qualifications of the Nurse Residency program Coordinator

II-E. The program faculty are sufficient in number	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- Seminar teaching grid
- Preceptor assignments
- UHC/AACN Program Evaluation Tool:
 - Item III. 2 - Preceptors guided
 - Items III. 7&8 – Faculty were knowledgeable and facilitated learning

Evidence to Gather – Action Plan

- Faculty Directory
- Create a word document to summarize faculty resources (including preceptors)

Accreditation Criteria	Results	Status of Evidence	Action Needed
II-F. Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis	Median: 3.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- Academic-Practice Partnership
- Nurse Residency Program orientation packet
- UHC/AACN On-line teaching-learning resources
- Faculty provided seminar materials – handouts, models, materials
- EBP Learning Module
- UMMC Resident Evaluation – each class
- UHC/AACN Program Evaluation Tool:
 - Item III. 9 - Teaching methods were effective
 - Items III. 10 – Case Studies

Evidence to Gather – Action Plan

- Create a word document to describe the supports for teaching-learning and the mechanism for communication with the Nurse Residency Program Coordinator

II-G. The chief nursing officer is academically and experientially qualified to provide leadership for the program	Median: 5.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- Role Description
- CV/Bio
- UMMC Insider – Rounding Reports

Evidence to Gather – Action Plan

- Create word document summarizing the CNO qualifications

Accreditation Criteria	Results	Status of Evidence	Action Needed
II-H. The chief nursing officer has the fiscal and organizational authority to allocate resources and supports the program	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- Role Description
- Organizational Chart
- Magnet Application – section describing CNO

Evidence to Gather – Action Plan

- Create a word document summarizing authority status

II-I. The chief nursing administrator academic partner (UMSON Dean) is academically and experientially qualified to provide leadership for the program	Median: 5.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

Evidence to Gather – Action Plan

- Role Description
- CV
- Biography

II-J. The chief nursing administrator academic partner (UMSON Dean) has the fiscal and organizational authority to allocate resources and supports the program	Median: 2.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

Evidence to Gather – Action Plan

- Organizational Chart
- Partnership Agreement
- Word document summarizing UMSON Dean

Accreditation Criteria	Results	Status of Evidence	Action Needed
II-K. Nurse managers assure resident participation in program activities.	Median: 3.5	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- Education policies – Requirement for advancement
- Work Schedules – retrieved via ANSOS?

Evidence to Gather – Action Plan

- Resident’s 6 month performance evaluation by manager or designee
- Create a word document to describe management’s support of the residency program

II-L. Program Documents and publications are accurate.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- Graduate Nurse Resident Home Page
- Graduate Nurse Residency Newsletter
- Graduate Nurse Residency Brochures
- UHC/AACN Program overview, schedules, curriculum

Evidence to Gather – Action Plan

- E-mails from UHC/AACN regarding content/material changes
- Word document describing process to ensure accuracy of program print materials

CCNE Standard 3: Curriculum

Accreditation Criteria	Results	Status of Evidence	Action Needed
<p>III. A-1 The curriculum includes planning, organizing, prioritizing and delegating to manage patient cares.</p> <p>Evidence Available for Drop</p> <ul style="list-style-type: none"> ▪ UHC/AACN Seminar Unit/Curriculum ▪ Instructional Outline ▪ Blueprint ▪ Unit-Based Orientation Status Report <p>Evidence to Gather – Action Plan</p> <ul style="list-style-type: none"> ▪ Patient Assignment Records – reflect increased acuity of assignments ▪ Word document describing curriculum related to management of care 	<p>Median: 4.0</p>	<p>Producible Yes No Complete Yes No Partial</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>III.A-2 The curriculum includes time management, organization of care and decision-making to effectively manage resources.</p> <p>Evidence Available for Drop</p> <ul style="list-style-type: none"> ▪ UHC/AACN Seminar Unit/Curriculum ▪ Instructional Outline ▪ Blueprint ▪ Unit-Based Orientation Status Report <p>Evidence to Gather – Action Plan</p> <ul style="list-style-type: none"> ▪ “Merideth – SICU” – exemplars of patient care documentation ▪ Word document describing curriculum related to management of resources 	<p>Median: 4.0</p>	<p>Producible Yes No Complete Yes No Partial</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Accreditation Criteria	Results	Status of Evidence	Action Needed
III. A-3 Curriculum includes effective communication and use of the chain of command to effectively manage patient care.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline – Act with Heart
- Blueprint
- Unit-Based Orientation Status Report
- Simulation w/Interdisciplinary Roles
- Mock Code Activity
- Select EBP Projects

Evidence to Gather – Action Plan

- Word document describing curriculum related to communication

III. A-4 The curriculum includes conflict management to develop skills.	Median: 2.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline and Blueprint
- Unit-Based Orientation Status Report
- Roles in a Code, Website – *Insider* Page - Blame free
- Grand Rounds on Workplace Violence, MANDT De-escalation Training
- “Commitment to Co-Workers” cards
- EBP – Violence in the ED – Aggression Management

Evidence to Gather – Action Plan

- Word document describing curriculum related to conflict management
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Accreditation Criteria	Results	Status of Evidence	Action Needed
III.B-1 The curriculum includes assessment, responding to change in condition, and modifications to plans of care to meet standards.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report

Evidence to Gather – Action Plan

- Word document describing curriculum related to change in patient condition

III. B-2 The curriculum includes patient/family teaching relevant to health promotion, disease/injury prevention and disease management.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report
- Core RN Online Module
- Website – *Insider* Page

Evidence to Gather – Action Plan

- Teaching Needs Assessment in EHR
- Word document describing curriculum related to patient/family education

Accreditation Criteria	Results	Status of Evidence	Action Needed
III. B-3 The curriculum includes best practices for pain management.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report
- Core RN On-line Module

Evidence to Gather – Action Plan

- Teaching Needs Assessment in EHR
- Word document describing curriculum related to pain management

III. B-4 The curriculum includes best practices for skin/wound management.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline – Wound/Ostomy Nurse
- Blueprint – Pressure Ulcers Module - NDNQI
- Unit-Based Orientation Status Report

Evidence to Gather – Action Plan

- BRADEN in EHR
- Word document describing curriculum related to skin/wound management

Accreditation Criteria	Results	Status of Evidence	Action Needed
III. B-5 The curriculum includes risk assessment and management to prevent falls.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report
- New Employee Orientation
- Select EBP Projects
- Fall Champion Committee - Tonya

Evidence to Gather – Action Plan

- Fall Risk Assessment in EHR
- Word document describing curriculum related to falls

III. B-6 The curriculum includes medication administration for safe and accurate administration	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report
- RN On-Line Module

Evidence to Gather – Action Plan

- Word document describing curriculum related to safe medication administration

Accreditation Criteria	Results	Status of Evidence	Action Needed
III. B-6 The curriculum includes situations and actions that contribute to medication errors and cultivating a blame free environment	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report
- “RISE” Program – Second Victim - Connie
- Event Reporting System
- Grand Rounds Attendance

Evidence to Gather – Action Plan

- Word document describing curriculum related to blame free environment

III. B-7The curriculum includes infection control principles to think critically to prevent and alleviate infection.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report – Education Bundle – CAUDI Teams
- New Employee Orientation – Fit Testing Employee Health
- Infection Control Team
- Annual and Ebola Training – Rapid Regs
- Select EBP Projects

Evidence to Gather – Action Plan

- Word document describing curriculum related to infection control

Accreditation Criteria	Results	Status of Evidence	Action Needed
III. C-1 The curriculum includes ethics, ethical dilemmas and frameworks for use to resolve ethical problems.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint – Organ Donation
- Unit-Based Orientation Status Report – Ethics Presentation
- Ethics Advisory Committee – Resource
- Rapid RegsTraining

Evidence to Gather – Action Plan

- Word document describing curriculum related to ethics

III. C-2 The curriculum includes end-of-life care to support and care to the dying patient and family.	Median: 5.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report
- Palliative Session and Care Team
- Pastoral Services
- EBP Project - Cancer

Evidence to Gather – Action Plan

- Word document describing curriculum related to end-of life care

Accreditation Criteria	Results	Status of Evidence	Action Needed
III. C-3 The curriculum includes transcultural care to increase sensitivity to diversity among peers and patients.	Median: 4.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline – Critical Thinking Session – Cultural Competency
- Blueprint – Multilingual Patient Health Education
- Unit-Based Orientation Status Report
- New Employee Orientation – Sensitivity Training
- Annual Training – Rapid Pegs
- RN Core On-line Module, Language Services

Evidence to Gather – Action Plan

- Word document describing curriculum related to cultural competence and diversity

III. C-4 The curriculum includes the management of personal stress to promote self-care	Median: 5.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report
- Integrative Care Team
- New Employee Orientation – Step Up to Good Health
- Employee Assistance Program

Evidence to Gather – Action Plan

- Word document describing curriculum related to self-care

Accreditation Criteria	Results	Status of Evidence	Action Needed
III. C-5 The curriculum includes concepts of evidence-based practice to increase the use in the delivery of safe, quality patient care.	Median: 5.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report
- RN On-Line Modules
- EBP project summaries

Evidence to Gather – Action Plan

- Word document describing curriculum related to evidence-based practice

III. C-6 The curriculum includes plans for professional development to advance the resident’s experience, knowledge, education and ability to contribute to the profession	Median: 5.0	Producible Yes No Complete Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- UHC/AACN Seminar Unit/Curriculum
- Instructional Outline
- Blueprint
- Unit-Based Orientation Status Report
- Professional Advancement Mod
- CV Template
- ROPE – Professional Development Goals

Evidence to Gather – Action Plan

- Word document describing process to ensure accuracy of program print

CCNE Standard 4: Program Effectiveness

Accreditation Criteria	Results	Status of Evidence	Action Needed
IV. A A written evaluation plan describes how program data are systematically collected and analyzed.	Median: 4.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- UHC/AACN Data Requirements Plan – Matrix, Coordinator Responsibilities, Resident Responsibilities
- Professional Advancement Model – defines expectations
- New Employee Orientation

Evidence to Gather – Action Plan

- Create word document summarizing the plan for collection and analysis of program data

IV. B Program data provide evidence of the program’s effectiveness in achieving its mission, goals, and expected outcomes.	Median: 3.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- Blueprint
- UHC OutcomeReport – Use national benchmarks
- Resident Performance Evaluations by Managers – 6 month
- EBP Project Summaries
- Rope and Certification Data
- Program completion/retention rates – attendance records

Evidence to Gather – Action Plan

- Create word document summarizing the data that reflects the achievement of the program’s mission, goals and outcomes

Accreditation Criteria	Results	Status of Evidence	Action Needed
IV. C Program data are used to foster ongoing program improvement.	Median: 4.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- GNAC Minutes – Resource Management Class – Change in Condition Pediatrics
- Clinical Education Council Minutes
- Prezi - Attendance

Evidence to Gather – Action Plan

- Create word document summarizing the use of data to promote program improvements

IV. D Resident performance is evaluated by the unit hospital staff to demonstrate transition from advanced beginner to competent professional nurse.	Median: 4.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- Blueprint
- Policy – PAM – Residency required for advancement to CNII
- UHC/AACN Program evaluation
- Every other week preceptor evaluations

Evidence to Gather – Action Plan

- Create word document summarizing the evaluation of the residents to demonstrate competency advancement

IV. E Program satisfaction data are collected from residents	Median: 5.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- Each facilitated session
- UHC/AACN Program Evaluation

Evidence to Gather – Action Plan

- Create word document summarizing the resident’s satisfaction with the program

Accreditation Criteria	Results	Status of Evidence	Action Needed
IV. F Program satisfaction data are collected from others who are responsible for or involved in the program.	Median: 4.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- Managers’ Survey – Dr. Lynn - UNC
- GNAC – meeting minutes to discuss and action data

Evidence to Gather – Action Plan

- Create word document summarizing the satisfaction of key stakeholders with the program
- Search for/Develop survey – Facilitators, GNAC

IV. G Program data are shared between the hospital and the academic partner to foster ongoing program improvement.	Median: 4.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- GNAC – Dr. Hoffman and Bindon
- Statewide Collaborative
- UMNursing

Evidence to Gather – Action Plan

- Create word document summarizing the communication between the hospital and academic partner regarding program effectiveness and improvement efforts

Accreditation Criteria	Results	Status of Evidence	Action Needed
IV. H. A process is in place to address formal complaints about the program.	Median: 4.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence Available for Drop

- New Employee Orientation – Grievance Process Addressed
- HR – Meeting with Preceptors
- Analysis of resident evaluations of program for action

Evidence to Gather – Action Plan

- Write a grievance policy – In progress - Nicole
- Create word document summarizing the grievance process

IV. I Information from any formal complaints is used to foster ongoing program improvement.	Median: 4.0	Producible: Yes No Complete: Yes No Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Evidence Available for Drop

- *No formal complaints registered*

Evidence to Gather – Action Plan

- Create word document summarizing the use of grievances to make program improvements