**Sustainability of the Planned Change Project Worksheet - Exemplar**

*Instructions: Consider the resources and support that will be necessary to sustain the planned change project. Complete the column on the right as you consider sustainability:*

|  |  |
| --- | --- |
| How will sustaining the project improve health outcomes and/or enhance healthcare delivery? | Although many secondary deliverables were achieved, the primary objective of my project was to decrease the nursing turnover rate from 31% to 15% in the E.D. within the first twelve months. Assuming sustainability, it is reasonable to expect this metric to continue decreasing as interpersonal dynamics continue showing improvement. This would be accomplished by facilitating a work environment that fosters collaborative mentorship with a new appreciation for quality metrics. The project also incorporated high-fidelity simulation training manikins for creating a safe and robust learning environment in which the inculcation of critical care principles and practices could be exercised safely and controllably between the mentor and mentee. An extensive review of the literature from 2000 to 2016 conducted by Kunst, Mitchell, and Johnston (2016) confirmed that simulation training increased learner confidence and improved self-efficacy in knowledge and communication while preserving patient safety and staff liability. Hence, possessing the ability to demonstrate life-sustaining treatment on an inanimate yet clinically responsive subject equates to safer patient care in an environment that welcomes new nurse graduates. With improved nursing turnover, quality metrics reflective of direct care efforts should demonstrate an improvement concordantly, as a study conducted by the Voluntary Hospital Association revealed that hospitals with a nurse turnover rate between 4% and 12% experienced lower risk-adjusted mortality and lower patient length of stay than did hospitals with turnover rates of 12% to 22% and 22% to 44%, respectively (Kiel, 2020). Similarly, a Canadian study found that a strong correlation existed between higher-than-average nursing turnover rates and communication failures, medical errors, and morbidity exacerbation (Kiel, 2020). It is therefore reasonable to expect an improvement in quality of care metrics commensurate with an improved turnover rate. |
| What human, financial, and material resources are needed to sustain the planned change project? | Project sustainability is contingent upon allocation of financial resources, much of which should be availed by virtue of deliverables. With the current nursing turnover rate at 31%, a costly reliance upon utilization of agency nurses has transpired. Current supplementation of nursing labor via contractual staff in the E.D. constitutes 70% of budgeted nursing positions, with an associated salary expense that is nearly twice what is budgeted. The average cost of training a new nurse hire is averaging $60,000, which should mitigate as nursing turnover decreases. Reciprocally, lower nursing turnover equates with higher nurse retention rates which will further drive down costs associated with contract labor, new nurse recruitment, training, and overtime expense. It is therefore reasonable to invest relative cost savings into project sustainability. Financial resources will also be required for the mentorship program itself, as the nurse mentor job description entails a monetary differential for achieving that designation. Annual software licensing fees to maintain the simulation equipment should be factored into the annual budget as well, at a cost negotiated with Laerdal Simulation.  Human Resource investment includes the addition of a full-time annual salary to employ the newly created Nurse Mentorship Coordinator. This position is benefit-eligible, with added costs associated with healthcare, dental, and life insurances, as well as retirement options. The simulation lab will require joint administration by the Mentorship Coordinator, the Nurse Educator, and the E.D. Manager, all of whom should receive competency evaluation annually with required remediation provided by the vendor. The nurse mentors themselves constitute a human resource requirement, as do the nurse recruiters and marketing personnel responsible for advertising the opportunity throughout the region at qualifying academic institutions. The Quality Manager will present metrics monthly and quarterly via digital whiteboard with an explanation of care implications to facilitate remediation.  Material resources will largely consist of educational adjuncts associated with the mentor-guided andragogic training curriculum. This will include any resources necessary to train new mentors as well as those needed for edifying nurse mentees. Maintenance supplies required to sustain the simulation lab, such as replacement parts and additional simulation resources, should also be considered. |
| What support is needed from leaders, policymakers, and stakeholders in order to sustain the planned change project? | This project requires the full engagement of hospital leaders and stakeholders in promulgating a new ideology. Prior to this project, quality metrics were not considered an essential driver for directing care efforts, nor were they presented constructively to the E.D. staff. Hence, adopting a culture that is responsive to performance indicators is crucial for prolific success. Hospital leadership should openly celebrate the achievement of quality milestones such as significant improvements in patient satisfaction scores and reduction in the number of patients who left without treatment. Ongoing support of the mentorship approach to teambuilding is also essential, as failure to buy into that concept can result in regressing to pedagogic training. Hospital policymakers should also indoctrinate the benefits of simulation technology across the organization, as nurses on other units should reap the advantages of a safer training experience free of patient liability. |
| Consider how the scope of the project could be expanded beyond the microsystem, and describe the ‘next steps’ that would be necessary. | Extending this project beyond the microsystem to incorporate into the hospital macrosystem would afford a more globally beneficial standardization as the mentorship and simulation components would receive wider publicity. Mass-marketing of the opportunity to welcome new nurse graduates into the E.D. with the assurance of a long-term investment into their success via mentorship will benefit the entire healthcare system, as the financial benefits (e.g.- fewer contract nurse salaries, a reduction in recruitment/training costs, and reduced overtime expenses) would be optimized. The ‘next steps’ necessary to operationalize this transition would begin with a formalized presentation to system leadership. The presentation would preferably be delivered via live (in person) venue to maximize the ability to respond to the audience temperament and to answer questions unequivocally. A PowerPoint slideshow could facilitate the exhibition of financial and quality indicators before versus after project implementation at Chamberlain Hospital, which would compel the system executives to reach their own logical conclusion. Quality indicators such as nursing turnover rates, nurse retention rates, nurse satisfaction surveys, nurse competency evaluations, and care-related metrics would demonstrate an improvement that coincides with clinical evidence derived from contemporary literature which would also be presented.  In an effort to capitalize on the success of the project and to further compel system executives to consider system-wide adoption, I would present possibilities for project expansion. I would propose the creation of a “career ladder” incentive which would reward nurses who self-initiate professional growth and development endeavors beneficial to both the individual and the organization. Gaining membership to professional nursing organizations such as the American Association of Critical Care Nurses (AACN) and volunteering to administer staff education such as promulgating evidence-based practice standards and serving on hospital committees will also qualify for career ladder advancement. Degrees obtained would be a major consideration, as would years of service. Chamberlain hospital will encourage career advancement by offering tuition reimbursement in the amount of $5,000 per candidate per calendar year, with a corresponding year of contractually obligated hospital service following graduation. To further encourage retention, Registered Nurses who conclude a five-year contiguous span of service will receive additional credit toward their career ladder achievement for that milestone year. Each rung of the ladder will equate to an annual monetary bonus to be decided upon by system administration. |

**References**

Kiel, J. (2020). An analysis of restructuring orientation to enhance nurse retention. *The Healthcare Manager,* 39(4): 162-167. DOI: 10.1097/HCM.0000000000000303

Kunst, E., Mitchell, M., and Johnston, A. (2016). Manikin simulation in mental health nursing education: An integrative review. *Clinical Simulation in Nursing*, 12: 484-495. http://dx.doi.org/10.1016/j.ecns.2016.07.010.