



Nursing Excellence
FOUNDATION FOR



08 | 09

ANNUAL
REPORT

LETTER FROM THE PRESIDENT AND CEO

From national health care reform legislation to kitchen table conversations about caring for an aging parent, it seems everyone is talking about problems and solutions in the medical field. Here at the Foundation for Nursing Excellence we are no different. Our focus, in support of our mission, is to improve health outcomes for citizens of North Carolina by enhancing the practice of nursing through leadership, development, research and demonstration projects.

The challenging questions we have tried to find solutions for since our inception in 2002 are:

How do we reduce patient errors?

How do we address the nursing workforce shortage issue and make the most of a scarce workforce?

How do we address the nursing faculty workforce shortage so we can expand our educational capability?

Please continue reading if you would like to learn more about the evidence-based strategies and solutions we are currently developing in response to these concerns. We are proud of the contributions the Foundation has made and look forward to continuing our great partnerships with nurses, the philanthropic sector and the healthcare community to benefit the citizens of North Carolina.



Mary P. “Polly” Johnson, RN, MSN, FAAN

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Our Mission

To improve health outcomes for citizens of North Carolina through the support of leadership development, research and demonstration projects intended to enhance the practice of nursing.

OUR HISTORY

The Foundation for Nursing Excellence (“FNE”) was created by the NC Board of Nursing in April 2002 as a non-profit corporation organized to improve health outcomes for the citizens of North Carolina by enhancing the practice of nursing. Our focus will support projects whose efforts will provide new and innovative methodologies related to nursing regulation and safe, effective nursing practice.

In January 2005, the FNE sponsored its first invitational conference focused on improving health care delivered to citizens of NC. The Patient Safety Symposium was held to update attendees on patient safety initiatives nationally and across North Carolina and to identify opportunities to enhance patient safety through collaboration among NC’s leading health care entities. This symposium was the first of its kind held in North Carolina.

In September 2008, the FNE hired the first Chief Executive Officer and Executive Director, Polly Johnson. Additionally, an invitational conference in March 2009 was held to identify core competencies needed for preceptor role development, and promising practices that will be further developed and piloted for their effectiveness.

How do we predict
who would make
an effective Preceptor?



THE PROBLEM:

Published studies estimate

**more than 50% of
newly licensed nurses**

being involved in errors and estimates of 33%-60% changing positions within their first year of practice.

**44,000-98,000
annual deaths occur**

as a result of errors
according to

The Journal of the American Medical Association

THE SOLUTIONS:

The Foundation for Nursing Excellence has two specific programs aiming to reduce medical errors for patients in North Carolina and unwanted turnover of new nurses. These programs are the Evidence-Based Transition to Practice Project and Creating a Just Culture Initiative in North Carolina.

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BACKGROUND

Based on the recommendation from the *NC Institute of Medicine Nursing Workforce Report in 2004* to improve the school-to-work transition for newly licensed nurses in North Carolina, the FNE began work toward establishing a statewide, evidence-based transition to practice approach for newly licensed nurses. The goal of this multi-year project is to ensure that newly licensed nurses are afforded the opportunity to gain confidence and competence as they enter the workforce, thus enhancing patient safety and increasing retention in the workplace. Unlike most other health professions, there is no formal residency or internship requirement for competence and confidence development of newly licensed nurses entering the practice. The new nurse's experience is currently dependent upon a variety of individual employer approaches to transitioning these nurses from school into practice. A thorough and effective orientation is critically important in maintaining patient safety as well as in retaining nurses in the workforce. Published studies have reported more than 50% of newly licensed nurses being involved in errors and estimates of 33-60% of new nurses changing positions within their first year of practice.

In 2004, a research conference titled **Building an Evidence-Based Transition to Nursing Practice** was held with the objective of identifying core competencies needed by new nurses regardless of practice setting and developing reliable measures to assess their competence. This conference was partly funded by a grant from the federal Agency for Healthcare Research and Quality (AHRQ). Results of this conference may be found in the Reference section of this web site.

PHASE I of the Transition to Nursing Practice Project

Critical funding in the form of a two-year grant from the BlueCross BlueShield of North Carolina Foundation in 2006 supported the implementation of Phase I of this multi-year project to determine the significant elements in current transition programs across the state that support the newly licensed nurse's competence and confidence development while decreasing the risk for errors during the early months of one's transition into the work setting. Such findings add to the body of evidence needed to build a statewide orientation model based on best or promising practices. Data were collected from newly licensed registered nurses and their preceptors in twenty-nine hospitals across North Carolina during the newly licensed nurses' first six months of employment between August 2007 and February 2008 at approximately two month intervals.

Results of Phase I Survey

- The average length of time that a newly licensed nurse reported spending in a transition/orientation program was eight weeks.
- The key finding across all three rounds of data collection was the significant correlation between self reported competency scores and the relationship between preceptors and new nurses. The quality of the new nurse/preceptor partnership had a direct relationship with how competent a new RN felt about his/her nursing practice. Of equal importance was the finding that a higher competency score reported by a new RN correlated with fewer practice errors at both four and six months.
- In terms of competence development over the first six months of employment and type of transition program for newly licensed nurses, no one type of program was found to be superior overall. However, statistically significant differences occurred among the three comparison groups in specific areas of competence development including self-reported ability to perform technical skills safely and accurately at two months into practice. By six months into practice, significant differences occurred in the following areas: recognizing when care demands exceed new RN's capability; managing time and organizing workload effectively; recognizing implications of clinical presentation of clients; appropriately utilizing research findings in providing care; and fully understanding

assignments, including physician orders. In all three rounds of data collection, new nurses felt relatively less competent in the area of clinical reasoning and judgment than in the areas of patient care delivery, communication, and recognizing limits/seeking help.

- More than 75% of the responding new RNs in all three rounds of data collection reported that risks for practice breakdown occurred at least once in their practice in the previous thirty days. In terms of reported errors, those who were still in transition programs when completing the surveys reported significantly fewer errors compared to those who were no longer in the structured transition framework.
- More than 27% of the new nurses at both two and six months into practice reported feeling “often” or “always” overwhelmed by client care responsibilities.
- In this study, 29 newly licensed nurses resigned their position and left the agency and another 15 were terminated within their first six months of employment.

NOTE: A full report of the data analysis for this study may be found under Transition to Practice tab at www.ffne.org.



How do we reduce
new nurse turnover?

PHASE II of the Transition to Practice Project

Phase II is focused on the identification of best and promising practices for strengthening the preceptor/new nurse relationship and enhancing new nurse competence and confidence development during the critically important transition period for newly licensed nurses. Support from Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment and Kate B. Reynolds Charitable Trust, the FNE using best practices for design interventions piloting and evaluation in Phase III as we continue to build a statewide, evidence-based approach for transitioning newly licensed nurses into competent and confident care providers consistent with the Foundation’s goal to improve the health outcomes of the citizens of our state through enhancing the practice of nursing. The long-term project goal is to create an evidence-based statewide transition to practice program for new nurse graduates by 2015.

The Survey Results Are In!

Over 2,000 nurses responded to a recent survey designed to ensure that the Foundation for Nursing Excellence is developing programs with input from expertise in the field. Specifically, nurses weighed in on the key needs of new nurses entering the workforce. The list below represents the top three areas in order of importance to new nurses:

- adjusting to the demands of nursing practice
- ensuring patient safety
- having job satisfaction

Additionally, an overwhelming number of respondents placed high importance on a program designed to help newly licensed nurses transition from school to practice. For a complete summary of responses please visit our website at www.ffne.org.

We sincerely appreciate the time you took to fill out our survey! This information will be used to enhance and strengthen our current and existing programming.

***Just Culture**, a term coined by David Marx, an engineer and attorney, is described as follows: *On one side of the coin, it is about creating a reporting environment where staff can raise their hand when they have seen a risk or made a mistake. On the other side of the coin, it is about having a well-established system of accountability. A Just Culture must recognize that while we as humans are fallible, we do generally have control of our behavioral choices.**

Just Culture philosophy makes a distinction between human error, at-risk behavior and intentional reckless behavior by looking at why an event happened in a systematic manner and determining whether the actions of the individual warrant counseling, remediation or punishment.

Just Culture uses a framework designed to enhance patient safety by implementing a learning and quality improvement approach to reducing errors and potential for errors in contrast to a system that encourages hiding errors due to punitive and judgmental responses.

The Foundation for Nursing Excellence, working in collaboration with the NC Board of Nursing, the NC Center for Hospital Quality and Patient Safety and other key stakeholders in North Carolina, seeks to extend this learning and quality improvement framework into a variety of healthcare settings and regulatory systems with the long term goal of creating a statewide *Just Culture Healthcare Community*.



How
do we increase
patient safety?

THE PROBLEM:

There is a
**current shortage
of nursing faculty**
that prevents expanding nursing programs

and the even greater projected faculty shortage may result in decreasing the production of new nurses in the near future. Faculty vacancy rates as of October 1, 2007 were just over 5% for both full and part time positions with 59 full-time and 38 part-time nursing faculty positions unfilled in North Carolina (2008).*

Without increasing our educational capacity, we will not be able to increase the number of nurses needed to meet the needs of our citizens.

*NC Center for Nursing

One component of this faculty shortage is the inadequate pipeline of nurses that are academically prepared to enter faculty roles. Currently, 65% of new nursing graduates are being educated in ADN programs. While a relatively quick fix to a workforce shortage for increasing registered nurses in the workforce, ADN nurses rarely obtain the educational requirements necessary for faculty roles. A master's degree in nursing is considered to be the minimum requirement for nursing faculty and 80% of the nurses in North Carolina who hold master's degrees began their nursing education at the BSN level. It is therefore critical to identify and implement new ways to increase the number of ADN graduates who complete baccalaureate education and, thereby, increase the number of BSN prepared nurses.

THE SOLUTION:

The Foundation for Nursing Excellence has a program that addresses these specific issues called the **Regionally Increasing Baccalaureate Nurses (RIBN) Project**.

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RIBN PROJECT GOALS

This project will adapt the Oregon Consortium for Nursing Education (OCNE) model for dually admitting qualified students into a seamless educational tract whereby the student progresses as follows: 1) meets the prerequisites for both programs at the community college level in Year 1; 2) enters the two-year associate degree program at the community college, completes that program as well as selected university courses and achieves licensure as a registered nurse (Years 2 & 3); and 3) completes one additional year of study at the baccalaureate level to achieve a Bachelor of Science in Nursing degree (Year 4).

Through a partnership between the associate degree program at Asheville-Buncombe Technical Community College and the state-funded baccalaureate program at Western Carolina University, this project will:

- 1) increase the number of professional nurses with baccalaureate degrees and thereby, increase the pool of nurses poised to pursue education at the masters and doctoral levels, creating a long-term solution to the nursing and nursing faculty shortage;
- 2) increase the proportion of baccalaureate nurses from racially and ethnically diverse groups; and
- 3) expand the number of nursing students educated in public health and gerontological nursing thereby better preparing them to meet the future needs of our citizens.

The successful implementation of this shared educational program with dual enrollment and seamless progression from ADN to a BSN between these two institutions will serve as a model for future implementation in other associate and baccalaureate programs across North Carolina.

RIBN PROJECT PARTNERS

The three NC Partners are Asheville Buncombe Technical Community College (ABTCC), Western Carolina University (WCU) and the Foundation for Nursing Excellence (FNE). FNE provides administrative support, coordination and evaluation components for the project. Through the multi-regional project funded by RWJF and the Jonas Center for Nursing Excellence in NYC and with advice from a national team of experts, we participate in working sessions with colleagues involved in adapting this model in the metropolitan NY area, sharing strategies for curriculum development and faculty development as well as evaluation tools. A Local Advisory Committee of healthcare leaders in western NC and other key stakeholders provide feedback and advice for the successful implementation of the model in North Carolina. Members of the LAC include the chief nursing officers of Mission Hospitals, Harris Regional Hospital, Cherokee Indian Hospital Authority, Charles George VA Medical Center, Mountain AHEC, the Buncombe County Health Director as well as representatives from Longterm care organizations and the NC State Educational Assistance Authority. General Administration of the University of North Carolina has also provided funds through Western Carolina University to help support this initiative.

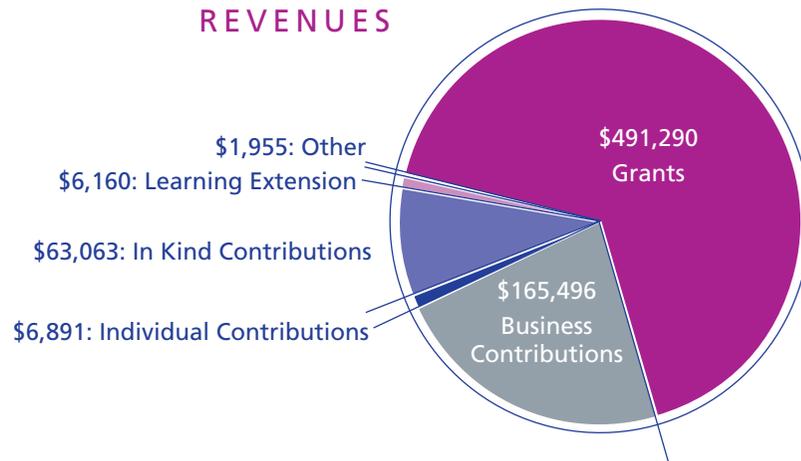
A photograph of three diverse female nurses in white scrubs, smiling and looking towards the camera. The image is overlaid with a semi-transparent blue filter.

How do we ensure
qualified teachers are available
for faculty positions?

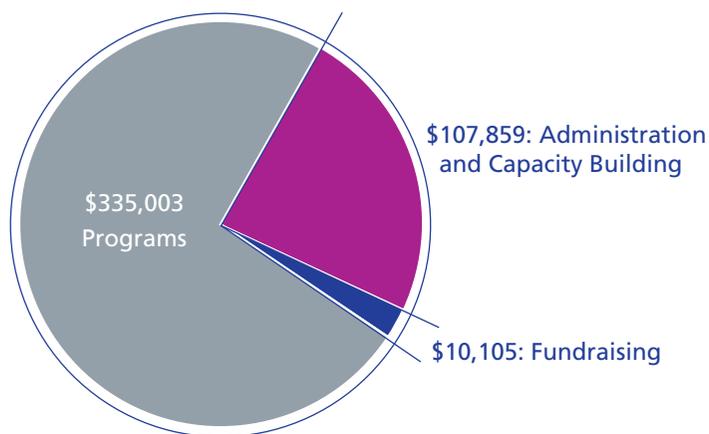
FOUNDATION FINANCIALS

The Foundation for Nursing Excellence receives funding from individual and business contributions and from private foundations. Figures shown below represent the fiscal year ending June 30, 2009. More information may be obtained by contacting our office.

REVENUES



EXPENSES



The work of the Foundation for Nursing Excellence would not have been possible without the generous support from the following contributors and partners:

FOUNDATIONS AND ORGANIZATIONS

Blue Cross and Blue Shield of North Carolina Foundation
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 The Jonas Center for Nursing Excellence

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Make a donation.

The FNE is a 501(c)(3) non-profit organization. We depend on donations from people like you. Every tax deductible donation is used to carefully leverage the maximum benefit for nurses and patients in North Carolina. An addressed envelope has been included in this report for your convenience. Or go to our web site to make a donation at www.ffne.org.

Please make checks payable to the Foundation for Nursing Excellence, P. O. Box 31824, Raleigh, NC 27622.



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