

DOES THE ALLEGHENY HEALTH NETWORK NURSE RESIDENCY PROGRAM MEET THE STANDARDS FOR NATIONAL ACCREDITATION BY THE COMMISSION ON COLLEGIATE NURSING EDUCATION?

By

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Abstract

Background: Nurse residency programs (NRPs) have been instrumental in assisting to bridge the theory-to-practice gap commonly experienced by new graduate nurses (NGNs). NRPs have also proven useful in improving retention, work satisfaction, confidence, and competence (Spector, et al., 2017; Ulrich, et al., 2010; Rosenfeld, & Glassman, 2016). Despite the overwhelming literature to support implementation of NRPs in all hospitals, to date, in the United States, only 31 hospital sponsored NRPs are accredited by the Commission on Collegiate Education in Nursing (CCNE) (AACN, 2019). Currently, public documentation on the number of NRPs accredited by the American Nurses Credentialing Center (ANCC) are unavailable. Additionally, in Pennsylvania, only 2 hospital sponsored NRPs have obtained national accreditation. NRP accreditation holds health care organizations accountable and proves these programs have demonstrated quality. For an organization to undergo a significant change initiative, such as accreditation, a state of readiness must be present or created (Franquiz & Seckman, 2015).

Local problem: The project site has utilized the Vizient/AACN Nurse Residency Program for the past five years and is well established. Education team members and leadership have identified the need for, and benefit of, NRP accreditation for both NGNs, as well as healthcare consumers. This project is needed because the organization is in the beginning stages of preparing for an accreditation initiative. Since organizational readiness assessment is a critical antecedent to successful change initiatives in healthcare, implementing this project is the first

step to assure successful NRP accreditation (Weiner, 2009). If it is found the site is not ready in the current state, an action plan will be developed to aid in improving the likelihood of a successful accreditation effort.

Purpose: There were 2 intents for this study:

1. to assess the readiness of a healthcare organization to successfully achieve national accreditation of its NRP by the CCNE and
2. to determine the capacity of the NRP to meet the four CCNE accreditation.

Results of the readiness assessment helped to determine if the organization had the processes and resources available to support a successful accreditation effort.

Methods: A mixed-methods approach using two quantitative assessment tools was used. The first tool, a modified version of the Holt Organizational Readiness for Change Tool (HORCT), which utilizes a 7-point Likert scale, was used to assess organizational readiness to undergo NRP accreditation. The second tool, an updated version of the Accreditation Readiness Survey (ARS), which utilizes a 5-point Likert scale, was used to assess capacity to adequately satisfy the CCNE accreditation standards. This project involved two stages and two samples. During stage one, CCNE NRP accreditation standards and criteria were communicated to the nine members of the NRP education team (sample one) during a team meeting. Following the meeting, the DNP Project Leader electronically mailed the modified HORCT as an assessment of the member's perceptions of organizational readiness for accreditation. During stage two, sample two, which was composed of a two-member self-study team (DNP Project Leader and NRP Manager Development) participated in a qualitative evaluation of the organization's current conditions and resources (actual state) compared to the four CCNE accreditation standards (desired state). The ARS was used to assess the organization's capacity to satisfy the CCNE standards and a gap

analysis was conducted after the self-study to determine differences between the actual state (number of criterion satisfied) and the desired state (50 CCNE accreditation criteria). Sample two completed the modified HORCT post-intervention, and non-parametric statistical testing was performed to determine if there was a change in perceived readiness from pre-intervention to post-intervention.

Results: Pre-intervention modified HORCT scores from sample one indicated overall that the organization was somewhat ready for change associated with NRP accreditation ($Mdn=5$, IQR 1.5). The Wilcoxon-Signed Rank Test revealed a significant change in the perception of organizational readiness following participation in the self-study meetings ($z = -3.457$, $p < .001$), with a strong correlation ($r = .8$). The median score on the modified HORCT for sample two increased from pre-intervention ($Mdn = 6$) to post-intervention ($Mdn = 7$). The gap-analysis indicated a “*significant*” to “*optimal capacity*” to satisfy 82% of the CCNE accreditation criteria, “*moderate capacity*” to satisfy 16%, and “*minimal capacity*” to satisfy 2%.

Summary: The organization was in a significant state of readiness to undergo change associated with NRP accreditation, and at an 82% capacity to adequately meet the CCNE accreditation criteria. There were very few gaps between the actual organizational state and the desired state for which a gap-closure plan was created. The gap-closure plan will serve to inform key stakeholders of interventions needed to increase the likelihood of a successful accreditation effort.

**Does the Allegheny Health Network Nurse Residency Program Meet the Standards for
National Accreditation by the Commission on Collegiate Nursing Education?**

Problem Description

Nurses are an integral part of the healthcare team and their role is crucial in caring for patients and ensuring their safety. According to the US Bureau of Labor Statistics (2018), in 2014, there were 2.7 million registered nurses amongst 11.8 million workers employed in healthcare, making them the largest occupation. The US Bureau of Labor Statistics projects employment of registered nurses to grow 12% from 2018 to 2028, much faster than the average for all occupations (Bureau of Labor Statistics, 2018). Additionally, nursing has encountered an experience-complexity gap resulting from mass retirements of experienced nurses and an influx of NGNs to fill these vacant positions (Nursing Executive Center, 2019).

With the ever-changing healthcare system, increased complexity of hospitalized patients, and nursing shortage, it is imperative NGNs are given the appropriate support and resources to be successful and provide high quality care. Currently, nursing does not require a standardized orientation program for NGNs. Unlike other professionals, nurses often have no extensive orientation programs to support them as they enter the profession despite the growing complexity of healthcare, expertise gap, and alarming number of medical errors (Spector, et al., 2015). In an appeal for the radical transformation of nursing education, Benner, et al., (2009) recommended NGNs be required to complete a one-year residency program. This recommendation was in response to results of the Carnegie National Study of Nursing Education in the United States, which concluded that changes were needed to undergraduate nursing programs due to the production of inadequately prepared graduates and the nursing shortage (Benner, et al., 2009).

Over the years, professional nursing organizations have increased their efforts to promote extensive implementation of NRPs. The first model for transitioning NGNs was developed by the National Council of State Boards of Nursing (NCSBN) in 2002 (Goode, et al., 2016). The first formalized NRP, launched in 2002, was designed by the American Association of Colleges of Nursing (AACN) and University HealthSystem Consortium (UHC) (Stringer, 2016). The number of hospitals implementing NRPs grew exponentially in the years since the original one was launched. This is partly in response to a recommendation by the Institute of Medicine (IOM) (2010).

In 2010, the IOM issued the Future of Nursing report “Leading Change, Advancing Health.” In this report, Recommendation 3 was for health care organizations to implement nurse residency programs (IOM, 2010). As part of this recommendation, the IOM also recommended health care organizations evaluate NRP effectiveness in expanding competencies, improving nursing retention, and improving patient outcomes (IOM, 2010).

Evidence has linked participation in a NRP to improved patient outcomes and safety, (Cline, et al., 2017) as well as, decreased turnover and increased work satisfaction, confidence, and competence (Spector et al., 2017; Ulrich et al., 2010; Rosenfeld & Glassman, 2016). In a study conducted by Goode et al. (2013) first year turnover rate decreased from 36% to 6% and new graduates’ perception of competence and confidence increased significantly, as a result of implementing an NRP. As of 2018, approximately half of the hospitals in the U.S. have established NRPs (Pokorny, 2018). Despite the proliferation of NRPs in the U.S., currently there are no requirements or regulations that exist for NRPs to be standardized or become accredited (Spector et al., 2015). This is problematic because NRP experiences differ across the country in

duration and lack a standardized, evidence-based curriculum, and lack of procedural standards (Goode, et al., 2016).

As a result of the variable training NGNs receive in their NRP, Goode, et al. (2016) recommended accreditation by national regulatory agencies of all NRPs to ensure greater uniformity. NRP accreditation would be beneficial because health care organizations could demonstrate organizational excellence, program quality, use of evidence-based practices, and cultivate a nursing workforce who delivers safe, high-quality care (Pokorny, 2018). NRP accreditation is voluntary and involves trained external peer reviewers who evaluate the healthcare organization's NRP compared to pre-established performance standards (Alkehenizan, & Shaw, 2011). There are two NRP accrediting agencies in the United States, the Commission on Collegiate Nursing Education (CCNE) and the American Nurses Credentialing Center (ANCC). To date, there are thirty-one NRPs that are accredited by the CCNE, only two of which are in Pennsylvania (AACN, 2019). Currently, public documentation related to the number of NRPs accredited by the ANCC is unavailable.

Benefits of nurse residency accreditation have been identified by leaders at the project site and resources have been allocated toward this change initiative. Despite this awareness, there is currently no action plan in place to achieve this goal. A critical antecedent to successful change initiatives in healthcare is organizational readiness (Weiner, 2009). Readiness for change consists of both psychological and structural factors (Holt, et al., 2009). These factors reflect the degree to which an organization, and its employees, are prone to accept, embrace, and adopt a change to intentionally modify the status quo (Holt et al., 2009). Unanticipated difficulties and failure of an initiative can result from lack of an initial readiness assessment (AHRQ, 2013; LaVigne & Cosme, 2018).

As a result of these findings, the appropriate first step in considering a change initiative was to perform an organizational readiness assessment. Therefore, the purpose of this project was to assess the organizational readiness of a multi-site healthcare system to undergo NRP accreditation. Information obtained from this assessment helped the organization identify the current state of their NRP and determine if the appropriate conditions, resources, and support were present to achieve accreditation. Additionally, an organizational self-study was conducted to determine if, in the current state, the organization met the four CCNE NRP accreditation standards. A gap analysis was created based on the research findings and was distributed to the leadership team at the project site. This analysis was useful in identifying the differences between the organization's current state, and where they aspired to be.

Available Knowledge

In recent years, NRPs have been extensively implemented, and proven successful, as a means of transitioning new graduate nurses into practice in today's ever-changing healthcare system. Additionally, NRPs have been useful in improving patient outcomes and safety, decreasing nurse turnover, and increasing confidence and competence (Cline et al., 2017; Spector et al., 2017; Ulrich et al., 2010; Rosenfeld & Glassman, 2016). Despite the growing number of hospitals implementing NRPs, only 31 have obtained national accreditation of their program by the CCNE. According to Armenakis, et al., (1993) readiness is one of the most important factors involved in initial support for change initiatives by employees. To date, the available literature is limited on organizational readiness for NRP accreditation and a search of this topic only yielded one discoverable result. Therefore, a literature review of readiness, benefits, and barriers of any change, although primarily focused on accreditation in healthcare, was conducted to improve understanding of the accreditation gap.

The one discoverable result, related directly to readiness for NRP accreditation, was a study conducted by Franquiz and Seckman (2015). The study determined organizational readiness for NRP accreditation of an 800 + urban, academic, medical center's education department. The researchers' utilized quantitative and qualitative methods to assess readiness for change and facilitated a self-study to examine the organization's capacity to meet CCNE standards and criteria for NRP accreditation.

Franquiz and Seckman (2015) found an overall agreement by the participants that, in its current state, the organization was ready for change associated with accreditation. Regarding capacity to meet CCNE standards and criteria for NRP accreditation, results showed the organization had significant capacity to satisfy the requirements. A gap-closure plan was developed to support the areas where the study participants responded "*no capacity*" or "*partial capacity*" to satisfy certain accreditation criteria. The findings of this study directly related to stage 1 of Lewin's Change Theory, unfreezing. The need for NRP accreditation was identified, therefore, challenging the status quo. Driving forces for change were increased by means of assessing needs to enhance movement in the desired direction. The study by Franquiz and Seckman (2015) served as a model to guide this study.

Holt, et al., (2007) conducted a study with the aim of developing a quantitative measure of individual readiness for systemwide changes that satisfied rigorous psychometric properties. Their study included over 900 organizational managers, from a wide range of backgrounds, with the aim of collecting feedback that would aid in the development of their tool. The results of their study yielded a tool comprised of 59 original instrument items. Factor analysis of the 59 original items resulted in the retainment of 25 items for the tool titled Holt Organizational Readiness for Change Tool (HORCT). HORCT measures four dimensions: appropriateness of

the change, management support, personal capability to implement the change, and personal benefits of the change. Psychometric evaluation results indicated the HORCT was a valid tool that can be used to reliably measure organizational readiness for change.

Analysis of the HORCT revealed that the most significant factors of readiness were discrepancy, efficacy, organizational valence, management support, and personal valence (Holt et al., 2007). These findings are congruent with Lewin's Change Theory. All the readiness factors of the HORCT are driving forces that directly impact the likelihood of a successful change initiative.

Benefits of accreditation have been adequately documented in the literature. Siegried, et al., (2018) conducted a study of 325 public health departments, throughout the U.S., with the aim of identifying benefits of participation in the national, voluntary program for public health accreditation implemented by the Public Health Accreditation Board (PHAB). Siegried et al. (2018) concluded that health departments are likely to report immediate expansions in performance management and quality improvement (QI) as a result of undergoing PHAB accreditation. It was noted that these advantages are likely to be reported at higher levels, even 1 year after the accreditation determination.

The study highlighted the benefits of an organization undergoing accreditation in its sector. These findings are supported by Lewin's Change Theory that a need for accreditation was identified (unfreezing), steps were taken to achieve accreditation (changing), and the organizations solidified their new behavior as the norm (refreezing). As a result of this change, long-term benefits were reported.

Shammari, et al., (2015) conducted a cross-sectional descriptive study to assess the impact of hospital accreditation on patient safety. They surveyed 200 nurses who were employed

at a hospital in Saudi Arabia. The study results included the nurses' report of a highly positive impact of accreditation on patient safety, with an overall score of 4.17 out of 5 points on a Likert scale. In conclusion, Shammari et al. (2015) encouraged accreditation of both public and private healthcare organizations to achieve higher standards of safe and quality healthcare services.

This study also highlighted the benefits of an organization undergoing accreditation in its sector. These findings are supported by Lewin's Change Theory that the need for accreditation was identified (unfreezing), accreditation was achieved (changing), and the new changes remained permanent (refreezing). A positive outcome of this accreditation initiative resulted in increased patient safety.

Chen, et al., (2018) conducted a study to evaluate the QI maturity and accreditation readiness of local health departments (LHDs) in Nebraska. Over the 5-year course of the study, director agreement that their LHD encompassed a culture that focused on QI had increased from 6 out of 19 LHDs in 2011, to 12 out of 19 in 2016. The directors reported agreement that involving all employees in decision contribution was important. LHDs also reported a need for cultural change in their facilities to increase support of QI and for employees to understand the need for them to identify ways to make improvements in their areas. Chen et al. (2018) concluded that accreditation readiness and QI experience could be improved with adequate support from external partners.

This study highlighted benefits and barriers to change. The unfreezing stage of Lewin's Change Theory was demonstrated in this study. During the unfreezing stage, driving forces needed to be increased and restraining forces needed to be decreased to assure an effective change. Financial support and support from external sources were essential driving forces to ensure a successful change initiative.

Liu, et al., (2017) conducted a study aimed at expanding the understanding of de-adoption of public health accreditation. The researchers' used key informant interviews of leaders within 3 local health departments (LHDs) in Indiana. Liu et al. (2017) found an important driving force of change was support from the leadership team. They found barriers fell into five categories: funding, workforce, usability of evaluation tools, time, and relevance and concluded that management support of an initiative was crucial for a successful change initiative.

This study highlighted barriers to accreditation in the public healthcare setting. The findings of the study were congruent with the unfreezing stage of Lewin's Change Theory. Restraining forces, or barriers, were found to impede successful change. Driving forces, in this instance adequate leadership buy-in, was found to improve agreement with adoption of an accreditation journey.

Overall, there is adequate literature to support the benefits of accreditation, not only for the organization, but for the consumers of the organization as well. Additionally, the literature identified readiness as a critical antecedent to change initiatives. This is supported by Lewin's Change Theory where the first stage, unfreezing, involves recognizing the need for change as crucial to moving forward with a change initiative. The literature also identified the value of a team approach to self-study and how this approach assisted with the change process and reduced anticipated barriers.

Rationale

Kurt Lewin's Change Theory provides a framework for understanding and generating change at any level – individual, group, organization, or society (Burnes, 2004). Lewin's Change Theory is comprised of three major concepts: driving forces, restraining forces, and

equilibrium. Lewin posits that behavior is an interactive balance of these opposing forces, where driving forces push employees toward a desired change, and restraining forces are aimed at maintaining the status quo. The tension between these forces maintains equilibrium. To change the status quo, he proposes use of a three-stage model (Wojciechowski, et al., 2016).

Lewin's Change Theory involves three distinct and vital stages: unfreezing, changing/moving, and refreezing. Stage 1, unfreezing, involves recognizing the need for change and rousing the current status quo, or equilibrium (Wojciechowski et al., 2016). Unfreezing can be attained by increasing driving forces and decreasing restraining forces. In this stage, assessment of people, processes, structures, and ways of thinking is crucial to understand the current state and determine if change is appropriate ("Lewin's 3-Stage Model," 2019).

Stage 2, changing/moving, involves moving individuals to a new level of equilibrium, or state of being (Wojciechowski et al., 2016). This step is evidenced by the implementation of the change ("Kurt Lewin's Change Model," 2019). Communication and time are crucial in this stage to ensure successful change. This stage helps employees work together to achieve desired outcomes and facilitates uniformity among employees and management.

Stage 3, refreezing, involves stabilizing the new equilibrium to ensure the change becomes routine (Wojciechowski et al., 2016). For the change to remain constant, individuals must support the change initiative and incorporate its components into their everyday processes. This stage is important to ensure the individual or organization does not revert to their ways prior to the change.

Application of a valid and reliable theoretical framework is vital to ensure project success. Lewin's Change Theory was chosen due to its frequent use in the nursing literature as a framework in studies transforming nursing care (Shirey, 2013). Acknowledging that the project

site was in the unfreezing stage, the project aim was to identify the current state of organizational readiness so actions could be initiated to propel the site to the change stage. If it was found that the project site was not ready for change in the current state, an action plan would be developed.

Appropriate interventions to accelerate movement beyond the unfreezing stage would focus on increasing driving forces and decreasing restraining forces to ready the organization for change. These interventions would include creating problem awareness by means of educating those involved on the benefits of this undertaking, not only for the nurses and the organization, but ultimately for the patients they serve. Furthermore, a site team would be created to focus on this goal. This team would be involved in assessing the project site's current state and developing a plan to close any gaps that were found to ensure movement into the second step of changing.

Specific Aims

Specific Aim 1: Assess the readiness of a multi-site healthcare organization to undergo NRP accreditation. The purpose of this quality improvement project was to assess the readiness of a healthcare organization to successfully achieve national accreditation of its NRP. Results of the readiness assessment would help to determine if the organization had the processes and resources available to support successful accreditation.

Specific Aim 2: Assess the organization's current conditions and resources, or actual state, compared to the 4 standards for CCNE NRP accreditation, or desired state. If gaps between the organization's actual state and desired state were found, a gap analysis would be conducted to facilitate movement in the desired direction.

Measures

An exploratory descriptive design, using both quantitative and qualitative methods, was used to meet two specific aims, (1) assess organizational readiness to undergo NRP accreditation, and (2) conduct a self-study to determine organizational capacity to satisfy CCNE accreditation standards. Two instruments were used in this project to meet these two aims, a modified version of the HORCT (Appendix B), and an updated version of the ACS (Appendix C). Permission was obtained from both developers to use each of the instruments to assess organizational readiness for change (Appendices D and E).

The first instrument, the HORCT, was used to assess organizational readiness for change. Holt et al. (2007) developed the HORCT to assess individual readiness since individuals initiate and execute change activities within organizations. This is based on the premise that organizations receive or rebuff change as a result of their individual employees. The content of the HORCT was created using extensive information from the literature and published readiness-for-change instruments combined with open-ended questionnaires and qualitatively analyzed interviews from over 900 managers in the private and public sector.

The HORCT construction entailed five steps, (a) item development, (b) questionnaire administration, (c) item reduction, (d) scale evaluation, and (e) replication with an independent sample. In step 1, five significant themes were identified and were referred to as readiness factors. Fifty-nine items were written and evaluated via two formal tests. Results of the first test revealed 18 of the original 59 items failed to meet the criteria set and were eliminated. Items considered meaningful had to have loadings of at least 0.60 (in absolute terms) on the intended factor and no other loadings greater than .30 (in absolute terms). Results from the second test yielded 4 additional items written to represent the discrepancy factor instead of modifying the

factor definitions. Items with an agreement proportion greater than .70 were retained. Two items failed to meet this criterion (Holt et al., 2007).

In step 2, a questionnaire was developed using the items that were deemed appropriate. A 7-point Likert scale (1= *strongly disagree* and 7 = *strongly agree*) was used for participants to express their level of agreement with each item. The questionnaire was administered in a government organization.

In step 3, a factor analysis was conducted and resulted in the emergence of 6 factors of which 12 items were removed. The remaining items were factor analyzed and 4 factors, appropriateness, management support, change efficacy, and personal valence, emerged accounting for 62.7% of the variance. Estimates of internal consistency were calculated for each factor and all but personal valence met the standard of .70 (Holt et al., 2007).

In step 4, the means, standard deviations, correlations, and estimates of reliability of the HORCT were evaluated. The results signified correlation of readiness factors (mean $r = .46$, $p < .05$). These variable correlations provided some evidence of convergent validity (Holt et al., 2007).

In the final step, the tool was administered in another organization to establish instrument validity. The findings resulted in a 25-item comprehensive tool to measure organizational readiness. A modified version of the tool, replacing the word “change” with the word “accreditation” throughout the tool, was used. This modified version was adapted by Franquiz & Seckman (2016) to assess organizational readiness for NRP accreditation in their study. Franquiz & Seckman (2016) report the modified HORCT was reviewed for validity and found to have a validity index finding of .76. Additionally, they omitted three items associated with the personal benefit dimension based on content expert panel recommendation. The modified

HORCT consisted of 22 items and showed a Cronbach's alpha coefficient of .81 (Franquiz & Seckman, 2016).

The second instrument, an updated version of the Accreditation Readiness Survey (ARS), was used to compare the actual organizational state to undergo accreditation of the NRP with the four CCNE accreditation standards. This tool was created by Franquiz & Seckman (2016) based on the four CCNE accreditation standards and included a range of 9 to 21 performance criteria that serve as a reference to indicate satisfaction of each standard. The ARS was updated by the DNP Project Leader to reflect the 2015 changes in the CCNE accreditation criteria. The ARS requires respondents to rate each criterion on a 5-point Likert scale (1= *no capacity* and 5 = *optimal capacity*). Reliability and validity have not been associated with this survey; however, it was modeled after a comparable one used by Erwin (2009) to examine health department readiness to undergo accreditation (Franquiz & Seckman, 2016).

A mixed-methods approach was utilized to conduct the project and consisted of two sequential stages according to the timeline in Appendix F. The project was conducted in a multi-site health care organization composed of seven hospitals. There is one NRP Manager who is responsible for oversight of the entire program throughout the system. Additionally, there are eight dedicated NRP coordinators throughout each of the seven hospitals who are responsible for facilitating NRP at their facility. These nine members of the NRP education team were used to identify the overall organizational readiness to undergo change and constituted sample one for the project.

During stage one, CCNE NRP accreditation standards were communicated to the nine members of the NRP education team during a team meeting. Following the meeting, the DNP Project Leader electronically mailed the modified HORCT, via Survey Monkey, to sample one.

In an effort to enhance response rates, the survey was sent for a second time two months after the first. Sample one was used to identify overall organizational readiness of the NRP education team to undergo CCNE accreditation.

During stage two, sample two, which was composed of a two-member self-study team (DNP Project Leader and NRP Manager Development) participated in a qualitative evaluation of the organization's current conditions and resources (actual state) compared to the four CCNE accreditation criteria (desired state). This involved three meetings led by the DNP Project Leader who was responsible for scheduling the meetings, establishing the agenda, facilitating the self-study process, recording meeting minutes, and tracking goal progress.

The DNP Project Leader electronically mailed the ARS to sample two prior to the self-study. During these three meetings, the self-study process included discussion of each of the accreditation criteria, evidence available, status of evidence (producible and complete), and development of an action plan for any reference criteria without adequate evidence. The first meeting involved orientation to structure, roles, and responsibilities of the self-study team and a review of the project timeline.

After each of these three meetings the hand-written notations taken by the DNP Project Leader were summarized as minutes and analyzed to determine the extent of discrepancy, if any, between the actual state and reference point. The minutes were sent to the self-study team and presented by the DNP Project Leader at each subsequent meeting for review and/or revisions by the self-study team members. After the final meeting, the DNP Project Leader electronically mailed sample two the ACS for a second time, in an effort to compare pre-intervention and post-intervention responses.

Analysis

Survey Monkey was used to collect the quantitative data related to the modified HORCT. This data was entered into a defined data file in IBM SPSS Statistics for analysis. Data was verified via double data entry and screened via frequency analysis, which revealed no missing data, and the data to be within expected score ranges. Inspection for outliers revealed five outliers on the pre-intervention HORCT and three outliers for the post-intervention HORCT for sample one. No outliers were revealed for the modified HORCT results for sample two. Data analysis both with, and without, the outliers revealed no statistical significance (see Appendices J and L).

Descriptive and non-parametric statistics were produced using IBM SPSS Statistics. Demographic statistics are reported for both samples. Sample one modified HORCT scores were used to determine organizational readiness to pursue NRP accreditation, with a median of ≥ 5 indicating a higher degree of readiness. Sample two modified HORCT scores were used to determine if there was a significant change in scores between pre- and post-intervention, using a Wilcoxon Signed Rank Test. Sample two ARS results were used to determine accreditation capacity, with a median of ≥ 4 indicating a greater capacity. Results derived from the self-study were used to describe any discrepancy between the current program state compared to the CCNE NRP accreditation criteria.

Ethical Considerations

The project did not meet the criteria for Human Subjects Research. An inquiry was submitted to the Allegheny Health Network (AHN) Institutional Review Board and the Edinboro University Institutional Review Board for a Non-Human Subjects Research (NHSR) determination. NHSR determination was received from the AHN IRB on October 25, 2019.

(Appendix G) and November 25, 2019 from the Edinboro University IRB (Appendix H). All participants were informed that their participation was voluntary, and responses were anonymous. Surveys were sent via Survey Monkey with data encryption and URL address protection to protect anonymity and confidentiality. A copy of an exempt consent form (Appendix I) developed for this study was attached to the electronic mail containing the survey link. Additionally, survey instructions informed participants that completion of the survey was evidence of informed consent to participate. All documents, both electronic and paper were deleted and/or destroyed at the completion of the project.

Results

Sample one included between 6-7 members of the 9 member NRP education department team who responded to the modified HORCT in stage one of the project. The pre-intervention modified HORCT response rate was 7/9 and the post-modified HORCT response rate was 6/9. Demographics were obtained on 6/7 respondents. Sample one consisted of all white females, with the majority being greater than 59 years of age. The majority held graduate degrees (83.33%), with half working in their current position for at least one but less than three years and the other half working over five years. Most of sample one (66.67%) had been employed in nursing for greater than 20 years.

Sample two consisted of two members of the self-study team and were both white females, over the age of 30 years. All held graduate degrees, had been employed in nursing for over 15 years, and in their current roles for less than one year, and greater than five years, respectively.

Phase 1 – Organizational Readiness for Change

The modified HORCT composite score for sample one pre-intervention indicated overall that the organization was somewhat ready for change associated with NRP accreditation (*Mdn* = 5, IQR 1.5). The modified HORCT composite score for sample two pre-intervention indicated overall that the organization was ready for change associated with NRP accreditation (*Mdn* = 6, IQR 0). As presented in Table 1, the highest rated organizational readiness dimension for both samples was Appropriateness of accreditation (*Mdn* = 5.75, IQR 0) and Personal Capability (*Mdn* = 5.5, IQR 0) while the lowest rated organizational readiness dimension was Management Support (*Mdn* = 3.75, IQR 0).

Table 1.

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

	Education Department (n=7) Median (IQR)	Self-Study Team (n=2)	Total
Appropriateness	5 (2.5)	6.5 (0)	5.75 (0)
Management Support	4.5 (2.5)	3 (0)	3.75 (0)
Personal Capability	5 (2)	6 (0)	5.5 (0)
Composite	5 (1.5)	6 (0)	5.5 (0)

Pre-intervention modified HORCT scores on the 22-item survey for both samples are presented in Appendices H and I. Findings for sample one revealed a range in median scores between 2 to 7 with data dispersion of 0 to 5 based on IQR. Table 2 displays lowest and highest scores for both samples (one and seven respectively), indicating the lowest and highest readiness for change items. Four of the ten items in the Appropriateness dimension indicated strong agreement that accreditation is appropriate for the organization. Three of the six items in the Personal Capability dimension indicated strong agreement that the educators believe they are capable of participating in the accreditation process.

Table 2.

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

	Education Department (n=7) Median (IQR)	Self-Study Team (n=2)
The organization will benefit from accreditation	6 (2)	7 (0)
It doesn't make sense for us to pursue accreditation	6 (1)	6 (0)
There are legitimate reasons for us to pursue accreditation	6 (2)	7 (0)
In the long run, it will be worthwhile for us if the organization pursues accreditation	6 (2)	6 (0)
Accreditation will make our jobs easier	2 (2)	6 (0)
The time spent on accreditation should be spent on something else	7 (2)	7 (0)
Accreditation matches the priorities of our organization	6 (3)	7 (0)
Our organizations most senior leader is committed to accreditation	6 (3)	1 (0)
I do not anticipate any problems adjusting to the work that we will have when we are accredited	3 (1)	3 (0)
There are some tasks that will be required for accreditation that I don't think we can do well	6 (1)	6 (0)
We have the skills needed to make accreditation work	6 (3)	6 (0)
If we set our minds to it, we can learn everything that will be required for accreditation	6 (2)	7(0)

A Wilcoxon-Signed Rank Test was used to compare perceived organizational readiness of sample two pre- and post-intervention. The results revealed a significant change in the perception of organizational readiness following participation in the self-study meetings ($z = -3.457, p < .001$), with a strong correlation ($r = .8$). The median score on the modified HORCT scale for sample two increased from pre-intervention ($Mdn = 6$) to post-intervention ($Mdn = 7$).

Phase 2 – Accreditation Readiness

Pre-intervention ARS scores for sample two revealed agreement that the NRP had “*significant capacity*” to satisfy the CCNE criteria for accreditation (Appendix N). 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 Program Effectiveness: Assessment and Achievement of Program Outcomes, while the lowest were associated with Program Quality: Delivery. The range in median scores for the reference criteria was 1 to 5, with data dispersion of 0 based on IQR.

Table 3.

Accreditation Readiness Scores - Pre Intervention (Scale 1-5)

	Mdn (IQR)	Range	% Criteria Mdn \geq 4
Standard 1 - Program Quality: Delivery	3 (0)	1-5	22% (2/9)
Standard 2 - Program Quality: Institutional Commitment and Resources	5 (0)	1-5	73% (8/11)
Standard 3 - Program Quality: Curriculum	4 (0)	2-4	67% (14/21)
Standard 4 - Program Effectiveness: Assessment and Achievement of Program Outcomes	5 (0)	4-5	89% (8/9)
Composite: All Standards	4 (0)	1-5	64% (32/50)

Following participation in the mediated self-study meetings, final consensus of sample two indicated that the NRP currently demonstrated “*optimal capacity*” to satisfy 52% of the reference criteria for accreditation (n = 26/50), “*significant capacity*” to satisfy 30% of the reference criteria for accreditation (n = 15/50), “*moderate capacity*” to satisfy 16% of the reference criteria for accreditation (8/50), and “*minimum capacity*” to satisfy 2% of the reference criteria for accreditation (1/50). Criteria categorized as “*no capacity*,” “*minimal capacity*,” and “*moderate capacity*” to satisfy accreditation criteria were designated as gaps in accreditation readiness (n = 9/50), therefore, requiring the development of a gap-closure plan (Appendix P).

As depicted in Table 4, there was no discrepancy between the actual and desired state Program Quality: Curriculum standard (n = 0/21), while the greatest discrepancy was present in the Program Quality: Institutional Commitment and Resources standard (n = 4/11).

Table 4.

Capacity to Satisfy Accreditation Criteria - Post Intervention (Scale 1-5)

	No Capacity (1)	Minimal Capacity (2)	Moderate Capacity (3)	Significant Capacity (4)	Optimal Capacity (5)	Gap Rate
Standard 1 - Program Quality: Delivery			4/9	1/9	4/9	8%
Standard 2 - Program Quality: Institutional Commitment and Resources			4/11		7/11	36%
Standard 3 - Program Quality: Curriculum				12/21	9/21	
Standard 4 - Program Effectiveness: Assessment and Achievement of Program Outcomes		1/9		2/9	6/9	11%
Composite: All Standards		1/50	8/50	15/50	26/50	18%

Summary

The first purpose of this study was to assess the organizational readiness of a multi-site healthcare organization to undergo NRP accreditation. The second purpose was to assess the organization's current conditions and resources, compared to the four CCNE standards for NRP accreditation. A gap-closure plan was developed for those items that did not have adequate capacity to meet the CCNE standards. This assessment of people, processes, structures, and ways of thinking will serve to inform the leadership at the project site the current state of organizational readiness that is present. The encouraging findings from this small sample project

were that the organization is in a favorable state of readiness to change related to NRP accreditation, and at an 82% capacity to adequately meet the CCNE accreditation criteria.

As evidenced by the results of the modified HORCT, NRP education team members highly agreed that accreditation is beneficial, appropriate for the organization, legitimate, worthwhile, and consistent with the organization's priorities. The consensus that accreditation is beneficial and worthwhile is consistent with previous research (Franquiz, & Seckman, 2015; Shammari et al., 2015; Siegfried et al., 2018). Organizational members were motivated and described themselves as skillful and confident. The results revealed that they have skills needed to make accreditation work and they believe they can learn everything that will be required for accreditation.

These findings reflect personal capability and a positive and beneficial view to adopt change. This finding is directly related to the theoretical framework for this project. In Lewin's Change Theory, the unfreezing stage is the first step to any successful change initiative. It involves the recognition of the need for change, by members involved, and is crucial to create the motivation to change. Unfreezing is necessary to conquer the strains of individual resistance and group conformity. The results of this project revealed completion of the unfreezing stage. Unfortunately, individual readiness to change is not the only factor involved in successful change initiatives. Readiness for change is a multi-dimensional and multi-level construct. As described by Liu et al. (2017) an important driving force for successful change involves the state of the leadership team.

In this project, organization members viewed senior leaders as supportive, encouraging, and committed to accreditation, although the importance of accreditation had not been stressed, nor had a clear signal been sent that the organization was going to pursue accreditation. The

relationship between individual and organization is central in any successful change initiative. According to Holt, et al., (2008), when there is a collective commitment and collective efficacy amongst the organization's members, there is an increased likelihood of a successful change initiative. The results of this project revealed that this collective commitment and efficacy was present with less evidence of clear communication and decision to initiate action. This finding was consistent with the results collected from Franquiz, & Seckman, (2015).

Criterion related to sufficient fiscal and physical resources was ranked amongst one of lowest accreditation criteria. Franquiz, & Seckman, (2015) recommended conducting a cost-benefit analysis to determine the anticipated return on investment and added value. Accreditation is costly and includes time and personnel expenses related to accreditation preparation, as well as an annual fee of \$2,500, and additional fees for an on-site NRP evaluation.

Stage two of the project, a self-study, involved comparing each of the four CCNE accreditation standards with the actual state of the organization. This was achieved by determining the project site's current ability to satisfy each of the accreditation criteria. The self-study process revealed that only 2% (n=1/50) of the 50 CCNE accreditation criteria had "*minimal capacity*" to meet the accreditation standards in the current state. Although only these few substantive gaps were revealed, the gap-closure plan also included interventions for those items that only had "*moderate capacity*" (16%) to meet the criteria. These items were included in the gap-closure plan to ensure all 50 criteria would have a "*significant*" or "*optimal capacity*" to be met, therefore, increasing the likelihood of a successful accreditation effort.

According to Lewin's Change Theory, once the unfreezing stage is complete, movement toward the actual process of change can occur. One important concept associated with this

change is support. Leadership will need to support the education team in their efforts to pursue accreditation. As a result of this, the main priority for dissemination was to communicate the study results so that all stakeholders were aware of the current organizational state, and actions needed to close the gaps could be implemented. This will need to include a clear signal by the leadership that the organization is going to pursue accreditation. Due to the significant change in the perception of organizational readiness following participation in the self-study meetings ($z = -3.457, p < .001$), it is reasonable to conclude that self-study participation had a positive impact on the perceptions of readiness.

The key outcome of this project was the formulation of new knowledge regarding organizational readiness and capacity to satisfy CCNE NRP accreditation criteria. Attainment of this information served as an initial step toward a successful accreditation attempt and was consistent with the unfreezing stage of Lewin's Change Theory. According to Lewin's Change theory, in order to attain the goal of NRP accreditation, the organization must progress to the changing stage. This project was the first of three steps needed to adequately effect change.

Interpretation

This quality improvement project provided valuable information regarding assessment of organizational readiness and benefits of a self-study to prepare an organization to undergo national accreditation of their NRP. Results of the modified HORCT favor readiness of the organization to initiate this process. The self-study revealed that the organization has significant capacity to meet the four CCNE accreditation standards. Since the lowest ranking scores on the modified HORCT were related to adequate fiscal and physical resources, notification of these findings to the leadership team was imperative in an effort to increase resource availability. Prior to increasing the allocation of resources, it was recommended that the leadership team conduct a

cost-benefit analysis to determine the anticipated return on investment and added value. Plans for dissemination included this intervention.

Limitations

There are several limitations of this project that should be addressed in future research. First, the sample size was small which reduced the power of the study and increased the margin of error. As a result of the survey being anonymous, voluntary, and computer-based, individual responses could not be paired pre- and post-implementation.

Second there was a lack of prior research directly related to organizational readiness for NRP accreditation by the CCNE. Only one study had been published to date. Further research in this area of study is warranted.

Lastly, one of the tools used, the updated ARS, had no established validity and reliability. Piloting and testing of the ARS will be needed to determine actual degree of validity and reliability of the tool. Despite these limitations, the information attained from this project is useful to the body of knowledge related to organizational readiness to undergo NRP accreditation by the CCNE and is consistent with comparable studies.

Conclusions

Benefits of both NRPs, as well as accreditation in the healthcare sector have been well documented in the literature. According to Alkhenizan, & Shaw, (2011), evidence illustrated accreditation in healthcare sectors improved care processes, clinical outcomes, and therefore should be supported as a tool to improve the quality of healthcare services. Although the process to become accredited requires an assiduous effort, its proven benefits of increased quality and outcomes of care are unparalleled.

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Appendix A

Literature Review

	Methodology/ Methods	Participants and Setting	Interventions	Outcome Measures/Adverse Outcomes	Results	Conclusions	Evidence Level	Quality Guide
Chen, L, Gregg, A., & Palm, D. (2018).	<p>Design: Longitudinal, mixed-methods approach.</p> <p>Aim: To evaluate the QI maturity and accreditation readiness of local health departments (LHDs) in Nebraska during a 6-year period that included several statewide initiatives to progress readiness, including funding and technical assistance.</p>	<p>Sample: 19 of Nebraska’s 21 LHDs.</p> <p>Settings: LHDs in Nebraska.</p> <p>Participants: Directors of LHDs in Nebraska.</p>	N/A	<p>Quantitative methods: Surveys that incorporated questions from the 10-item validated version of the Quality Improvement Maturity Tool that utilizes a 5-point Likert scale.</p> <p>Qualitative methods: Key informant interviews and group discussions.</p> <p>Keywords: Quality improvement, accreditation, public health practice, local health departments analysis.</p>	In 2011, only 6 of 19 LHD directors agreed that their LHD had a culture that focused on QI, but this number increased every year, to 10 in 2013, 11 in 2015, and 12 in 2016. Most directors in every survey year agreed that involving all staff members in contributing to decisions was important. All 3 measures of QI capacity and competency improved from	Funding and technical assistance can improve LHDs’ QI maturity and accreditation readiness. Improvement takes time and sustained efforts by LHDs, and support from external partners (e.g., state health departments) helps build LHDs’ QI maturity and accreditation readiness.	3	Good

	Methodology/ Methods	Participants and Setting	Interventions	Outcome Measures/Adverse Outcomes	Results	Conclusions	Evidence Level	Quality Guide
	<p>Duration: 2011-2016</p>				<p>2011 to 2016. LHDs also improved in aligning their overall activities and protocols with continuous performance improvement. The number of LHDs that were confident in their ability to obtain PHAB accreditation improved. LHDs struggled with implementing QI because most staff members were not trained in public health QI methodologies ; however, staff members felt that they could use</p>			

	Methodology/ Methods	Participants and Setting	Interventions	Outcome Measures/Adverse Outcomes	Results	Conclusions	Evidence Level	Quality Guide
					informal QI models and techniques. LHDs also reported a need to change the culture in their agencies to be more supportive of QI and for staff members to understand the need for them to point out ways to make improvements in their departments.			
Siegfried, A., Heffernan, M., Kennedy, M., & Meit, M. (2018).	<p>Design: Quantitative approach via Web-based surveys.</p> <p>Aim: To identify the quality improvement (QI) and performance</p>	<p>Sample size: 479</p> <p>Settings: 324 Health Departments in the U.S.</p> <p>Participants: Health department directors and</p>	N/A	<p>3 survey instruments using open- and closed-ended questions to gather information about:</p> <ol style="list-style-type: none"> 1. The PHAB accreditation process. 2. The experience of applicants. 	<p>QI and performance management benefits:</p> <ul style="list-style-type: none"> -Improved awareness and focus on QI efforts. -Increased QI training among staff; - 	<p>As a result of undergoing PHAB accreditation, health departments are likely to report immediate increases in QI and performance management, and these benefits are likely to be reported at a higher</p>	3	High

	Methodology/ Methods	Participants and Setting	Interventions	Outcome Measures/Advers e Outcomes	Results	Conclusions	Evid ence Leve l	Qualit y Guide
	<p>management benefits reported by public health departments as a result of participating in the national, voluntary program for public health accreditation implemented by the Public Health Accreditation Board (PHAB).</p> <p>Duration: November 2013-May 2017</p>	<p>designated accreditation coordinators.</p> <p>Demographics: 88% local health departments, 11% state health departments, 2 tribes, 2 multijurisdictional applicants, and 1 integrated health system.</p>		<ol style="list-style-type: none"> 3. Initial benefits of accreditation 4. Motivators and anticipated internal benefits of PHAB accreditation. 5. Current QI activities. 6. Current QI and performance management infrastructure. 7. Internal benefits. 8. Changes in QI activities. 9. Changes in QI and performance management infrastructure. 10. Other perceived benefits resulting from PHAB accreditation. 	<p>Perceived increases in QI knowledge among staff; - Implemented new QI strategies. -Implemented strategies to evaluate effectiveness and quality. -Used information from QI processes to inform decision making. -Perceived achievement of a QI culture.</p>	<p>level, even 1 year after the accreditation decision.</p>		

	Methodology/ Methods	Participants and Setting	Interventions	Outcome Measures/Advers e Outcomes	Results	Conclusions	Evid ence Leve l	Qualit y Guide
Liu, S., Meyers on, B., King, J., Yih, Y., & Ostovari , M. (2017).	<p>Design: Exploratory study using key informant interviews based on the performance improvement model (PIM).</p> <p>Aim: Expand the understanding of de-adoption of public health accreditation.</p> <p>Duration: 2015</p>	<p>Sample: 6 interviewees from 3 Local Health Departments (LHDs).</p> <p>Setting: LHDs throughout Indiana, U.S.</p>	N/A	<p>Key Themes and Exemplar Statements:</p> <p>Leadership organizational culture organizational structure governing entities quality improvement sources barriers: mindset, relevance, time assumption.</p>	<p>An important driving force for undertaking quality and performance improvement processes was found to be the state of the leadership team. Identified barriers fell into five categories: workforce, funding, usability of evaluation tools, relevance, and time. None of the leaders were convinced of the need for accreditation. The leadership team's perception drove the</p>	<p>Upper level members of the management team are found to champion adopting accreditation and the current culture and organizational structure facilitate the staff's embracing of the change. The PIM was found to enhance the clarity of the inner domain elements of Consolidated Framework for Implementation Research (CFIR) in the de-adoption of public health accreditation.</p>	3	Good

	Methodology/ Methods	Participants and Setting	Interventions	Outcome Measures/Advers e Outcomes	Results	Conclusions	Evid ence Leve l	Qualit y Guide
					decision of discouraging accreditation.			
Franquiz, R., & Seckman, C. (2015).	<p>Design: Exploratory descriptive design using mixed methods.</p> <p>Aim: To assess the readiness of a healthcare organization to undergo national accreditation of its Nurse Residency Program (NRP).</p>	<p>Sample size: 27 total in 2 phases</p> <p>Setting: 800+ bed urban, academic, medical center</p> <p>Participants: Members of the organization’s education department that were composed of an administrative director, educators, and researchers (masters or doctoral prepared registered nurses) and project managers.</p>	Holt Organizational Readiness for Change Tool (HORCT) administered before and after participation in a self-study.	<p>2 tools:</p> <ol style="list-style-type: none"> 1. HORCT: An adapted version of the that consisted of 25-items that measured 4 dimensions of appropriateness of the change, management support, personal capability to implement the change, and personal benefits of the change. A 7-point Likert scale was used by the respondents. 2. Accreditation Readiness Survey (ARS) 	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.	The organization is in a favorable state of organizational readiness for change.	3	Good

	Methodology/ Methods	Participants and Setting	Interventions	Outcome Measures/Adverse Outcomes	Results	Conclusions	Evidence Level I	Quality Guide
				<p>was developed by the DNP Project Leader and was associated with the 4 CCNE accreditation standards of (a) Program Faculty (b) Institutional Commitment and Resources (c) Curriculum, and (d) Program Effectiveness. Respondents rated each criterion using a 5-point Likert scale.</p>				
Shammari, M., Shammari, M., Habib, S., Shubrami, D.,	Design: Cross sectional descriptive study using a simple random sampling method.	Sample size: 200 nurses Setting: King Khalid Hospital (KKH) in Hail city,	N/A	The researchers used a self-administrated questionnaire with response rate 76.9%. A 5-point Likert scale was used in the	The result supports policy and decision makers to increase numbers of specialized	The results of the study would encourage both public and private healthcare organizations to become	3	Good

	Methodology/ Methods	Participants and Setting	Interventions	Outcome Measures/Advers e Outcomes	Results	Conclusions	Evid ence Leve l	Qualit y Guide
& Rashidi, M. (2015).	Aim: To determine the impact of hospital accreditation on patient safety.	Kingdom of Saudi Arabia. Participants: Both Saudi and non-Saudi nurses who started working in the hospital before it was accredited and continued to work during and after accreditation at the KKH. Demographics: Majority of respondents were 30 years or less. 96.5% were female. 44% were Indians, 43.5% were Filipinos, and 12.5% were Saudi. 73% held bachelor's degree, 18% held diploma, 8% held Associate		measurement. The respondents reported high positive impact of hospital's Accreditation on patient safety with overall score 4.17 out of 5 points and most answers were between agree to strongly agree.	national accreditation groups for the Healthcare Sector	accredited by national or international accreditation groups to achieve higher standards of quality and safe healthcare services.		

	Methodology/ Methods	Participants and Setting	Interventions	Outcome Measures/Adverse Outcomes	Results	Conclusions	Evidence Level	Quality Guide
		Degree, and 1% held master’s degree or more.						
Holt, D., Armenakis, A., Field, H., & Harris, A. (2007).	<p>Design: Correlational</p> <p>Aim: To develop and evaluate an instrument that can be used at the individual level to evaluate organizational readiness.</p>	<p>Sample size: 500 for 5 phases</p> <p>Education: High school to graduate degrees.</p> <p>Setting: Government organization.</p> <p>Background: Human resources, engineering, management, and education in the public and private sectors.</p>	N/A	<p>Five Steps:</p> <ol style="list-style-type: none"> 1. Item development – 59 items that reflect 5 most critical themes. 2. Questionnaire administration – included readiness items and items from known scales using 7-point Likert scale. 3. Item reduction 4. Scale evaluation 5. Replication 	A valid and reliable tool was developed to assess organizational readiness.	The most influential readiness factors, were: <ol style="list-style-type: none"> 1. Discrepancy 2. Efficacy 3. Organizational valence 4. Management support 5. Personal 	3	High

Appendix B

Modified Version of the 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 make 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 rational 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 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
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

Updated Accreditation Readiness Survey (ARS)

- 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 Quality: Program Delivery					
I-A: Residency program activities build upon knowledge gained and competencies developed during residents’ prelicensure educational experiences.	1	2	3	4	5
I-B: The program is limited to eligible participants, and all eligible participants are in the program.	1	2	3	4	5
I-C: Program educators/faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.	1	2	3	4	5
I-D: Program educators/faculty are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	1	2	3	4	5
I-E: Program educators/faculty are evaluated for their performance in achieving the mission, goals, and expected program outcomes.	1	2	3	4	5

I-F: Program educators/faculty participate in professional development activities.	1	2	3	4	5
I-G: Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	1	2	3	4	5
I-H: Precepted experiences immerse residents into the care environment in a structured and logical manner.	1	2	3	4	5
I-I: Documents and publications are accurate. Any references in promotional materials to the program's offerings, outcomes, and accreditation status are accurate.	1	2	3	4	5
CCNE Standard 2: Program Quality: Institutional Commitment and Resources					
II-A: Through partnership, the healthcare organization and academic nursing program(s) foster achievement of the mission, goals, and expected program outcomes.	1	2	3	4	5
II-B: Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.	1	2	3	4	5
II-C: The healthcare organization, through implementation of an academic progression policy or statement, promotes and supports the attainment of a baccalaureate or graduate degree in nursing for residents prepared with an associate degree in nursing.	1	2	3	4	5
II-D: The residency coordinator:	1	2	3	4	5

<ul style="list-style-type: none"> • is academically and experientially qualified to accomplish the program’s mission, goals, and expected outcomes; and • provides effective leadership to the program in achieving its mission, goals, and expected outcomes. 	
<p>II-E: The program educators/faculty are sufficient in number to achieve the mission, goals, and expected program outcomes.</p>	<p>1 2 3 4 5</p>
<p>II-F: Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis to meet the needs of the program and the residents.</p>	<p>1 2 3 4 5</p>
<p>II-G: The chief nursing officer of the healthcare organization:</p> <ul style="list-style-type: none"> • is academically and experientially qualified to accomplish the program’s mission, goals, and expected outcomes; and • provides effective leadership to the program in achieving its mission, goals, and expected outcomes. 	<p>1 2 3 4 5</p>
<p>II-H: The chief nursing officer of the healthcare organization has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.</p>	<p>1 2 3 4 5</p>
<p>II-I: The chief nurse administrator of the academic nursing program(s):</p> <ul style="list-style-type: none"> • is academically and experientially qualified to accomplish the program’s 	<p>1 2 3 4 5</p>

mission, goals, and expected outcomes; and <ul style="list-style-type: none"> provides effective leadership to the program in achieving its mission, goals, and expected outcomes. 					
II-J: The chief nurse administrator of the academic nursing program(s) has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.	1	2	3	4	5
II-K: Leadership in the clinical setting of the healthcare organization ensures resident participation in program activities.	1	2	3	4	5
CCNE Standard 3: Program Quality: Curriculum					
III-A.1(a): The curriculum includes best practices for skin/wound management.	1	2	3	4	5
III-A.1(b): The curriculum includes risk assessment and management to prevent falls.	1	2	3	4	5
III-A.1(c): The curriculum includes medication administration for safe and accurate administration.	1	2	3	4	5
III-A.1(d): The curriculum includes situations and actions that contribute to medication errors.	1	2	3	4	5
III-A.1(e): The curriculum includes cultivating a blame free environment in response to errors.	1	2	3	4	5
III-A.1(f): The curriculum includes infection control principles to think critically to prevent and alleviate infection.	1	2	3	4	5
III-A.1(g): The curriculum includes discussion of how the impact of performance on nursing sensitive indicators impacts the fiscal health of	1	2	3	4	5


the healthcare organization to ensure cost awareness and decreasing costs.					
III-A.2(a): The curriculum includes patient/family teaching relevant to health promotion, disease/injury prevention and disease management.	1	2	3	4	5
III-A.2(b): The curriculum includes best practices for pain management.	1	2	3	4	5
III-A.2(c): The curriculum includes end-of-life care to support and care to the dying patient and family.	1	2	3	4	5
III-A.2(d): The curriculum includes transcultural care to increase sensitivity to diversity among peers and patients.	1	2	3	4	5
III-A.3(a): The curriculum includes planning, organizing, prioritizing and delegating to manage patient cares.	1	2	3	4	5
III-A.3(b): The curriculum includes time management, organization of care and decision-making to effectively manage resources.	1	2	3	4	5
III-A.4: The curriculum includes assessment, responding to change in condition, and modifications to plans of care to meet standards.	1	2	3	4	5
III-A.5(a): The curriculum includes effective communication and use of the chain of command to effectively manage patient care.	1	2	3	4	5
III-A.5(b): The curriculum includes conflict management to develop skills.	1	2	3	4	5
III-A.6: The curriculum includes information about informatics and technology to support communication and care delivery, as well as	1	2	3	4	5


provide resources for support and development of evidence-based practice.					
III-B.1: 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
III-B.2: 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
III-B.3: The curriculum includes ethics, ethical dilemmas and frameworks for use to resolve ethical problems.	1	2	3	4	5
III-B.4: The curriculum includes the management of personal stress to promote self-care.	1	2	3	4	5
CCNE Standard 4: Program Effectiveness: Assessment and Achievement of Program Outcomes					
IV-A: A systematic process is used to determine program effectiveness. A written evaluation plan specific to the healthcare organization describes how program data are systematically collected and analyzed.	1	2	3	4	5
IV-B: Program completion rates demonstrate program effectiveness.	1	2	3	4	5
IV-C: Resident alumni retention rates, as defined by the healthcare organization, demonstrate program effectiveness.	1	2	3	4	5
IV-D: Program satisfaction, of both residents and other stakeholders, demonstrates program effectiveness.	1	2	3	4	5
IV-E: Program data (other than program completion, resident alumni retention, and	1	2	3	4	5

program satisfaction) demonstrate program effectiveness.					
IV-F: Program data are used to foster ongoing program improvement.	1	2	3	4	5
IV-G: Resident performance is evaluated by the healthcare organization and demonstrates progress in transitioning from advanced beginner towards competent professional nurse. The evaluation process is defined and consistently applied.	1	2	3	4	5
IV-H: Program data are shared between the healthcare organization and the academic nursing program(s) to strengthen the partner relationship and to foster ongoing program improvement.	1	2	3	4	5
IV-I: A process is in place to address formal complaints about the program. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.	1	2	3	4	5

Appendix D

Permission to Use the HORCT

 Daniel T Holt <dholt@lsu.edu>
Fri 8/30/2019 6:18 PM
Holly Brennen ▾

 Holt et al., JABS, 2007, Publis...
149 KB

Holly,

Just to let you know, I made a transition this summer, moving from Miss State to Louisiana State. This is my new email address.

You are welcome to use our instrument. ou are welcome to use the instrument. The items are included in manuscript—Table 2 includes the items that “passed” the validity screening.

Good luck and don’t hesitate to let me know if I can be of future assistance.

Danny

Daniel T. Holt
Associate Professor of Entrepreneurship
Louisiana State University
E. J. Ourso College of Business
2200A Business Education Complex, Baton Rouge, LA 70803
office 225-578-2126 | fax 225-578-2511
dholt@lsu.edu | lsu.edu | bus.lsu.edu

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Appendix E

Permission to Use the ARS



Franquiz, Renee <franquiz@umaryland.edu>

Wed 8/21/2019 1:49 PM

Holly Brennen ✓



Hi Holly,

Thank you for your instrumentation inquiry and for your scholarly work in the area of Nurse Residency Accreditation. You have my permission to use the Accreditation Readiness Survey under the conditions that you identified. Please include my name, credentials, and title with the copyright statement.

I wish you all the best with your work and look forward to reading your final manuscript.

Best,

Dr. Franquiz

Renee Franquiz DNP, RN, CNE
Assistant Professor
University of Maryland Baltimore
School of Nursing
[655 W. Lombard Street, 465A](#)
[Baltimore, MD 21201](#)
franquiz@umaryland.edu
410-706-7421



Appendix F

DNP Project Timeline

Timeline	Semester		
	Summer 2019	Fall 2019-2020	Spring 2020
Select research committee.	May 2019		
Procure site to complete project.	May 2019		
Conduct an initial meeting with the project site to discuss current research needs related to the Nurse Residency Program (NRP).	May 2019		
Complete CITI training.	June 2019		
Follow up meeting with project site to confirm aim of research related to NRP.	July 2019		
Formalize final project aim and PICO question.	July 2019		
Obtain permission to use the Holt Organizational Readiness for Change Tool (HORCT) and the Accreditation Readiness Survey (ARS).	August 2019		
Obtain approval of DNP Proposal.	September 2019		
Present DNP Proposal to the Committee.		October 2019	
Apply for IRB approval/exemption.		October 2019	
Final planning meeting with project site.		October 2019	
Phase 1: Deploy HORCT via Survey Monkey to the education team of the NRP.		November 2019	
Phase 2/Part 1: Meet with project site to review CCNE Accreditation Section 1 – Faculty and deploy Accreditation Checklist – Section 1		November 2019	
Phase 2/Part 2: Meet with project site to review CCNE Accreditation Section 2– Support and deploy Accreditation Checklist -Section 2		November 2019	

Phase 2/Part 3: Meet with project site to review CCNE Accreditation Section 3 – Curriculum and deploy Accreditation Checklist – Section 3		December 2019	
Phase 2/Part 4: Meet with project site to review CCNE Accreditation Section 4 – Evaluation and deploy Accreditation Checklist – Section 4		December 2019	
Consult with Committee Chair and conduct data analysis.			January 2020
Final draft of an Executive Summary of findings and recommendations.			March 2020
Presentation of findings to Committee.			March 2020
Dissemination of manuscript.			April 2020

Appendix G

Allegheny Health Network Institutional Review Board Approval

Based on one or more of the response provided above, this project does not qualify as Quality Assurance/Quality Improvement. Please instruct the submitter to resubmit this project on the New Submission xForm.

QA/QI Review

Reviewer Determinations

Approve

By entering my password, I attest that I have reviewed and approve this project.

Signed Friday, October 25, 2019 8:47:49 AM ET by DeFazio, Dawnmarie CIP, CHSP

Appendix H

Edinboro University Institutional Review Board Determination

This memo provides the notification concerning EU's Institutional Review Board (IRB) determination of the human subjects protocol:

To: Meg Larson, DNP, Principal Investigator
Holly Brennen, DNP(c), MSN, RN, Co-Investigator

From: Amy J. McClune, PhD, RN, Edinboro University Institutional Review Board Chair

Protocol # EU 2019 43 **Date:** November 25, 2019

Title: Does the Allegheny Health Network Nurse Residency Program meet the standards for national accreditation by the Commission on Collegiate Nursing Education?

The Edinboro University IRB has reviewed your submitted application. It has determined that your protocol is categorized as **Exempt** under federal regulations 45 CFR 46.104(d), since the research design involves the following:

(d)(2) "Research that only includes interactions¹ involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

(ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

Exempt protocol means that as long as you continue your research as described in your protocol application, the research does not require any further review or oversight by the IRB. Should you change any procedure within your research, you are required to resubmit the protocol to the IRB for reconsideration and determination before you implement any change. All data must be retained and accessible for three (3) years after the completion of the project.

Designation as exempt signifies that the proposal adequately qualifies under 45 CFR 46.104(d) for such status.

Should you have any questions or concerns, please feel free to contact me at 814-732-2619.

¹ 45 CFR §46.102(c)(3) defines *Interaction* as "...communication or interpersonal contact between investigator and subject".

Appendix I

Exempt Consent

Title of Study: Does the Allegheny Health Network Nurse Residency Program meet the standards for national accreditation by the Commission on Collegiate Nursing Education?

Principal Investigator: Meg Larson, DNP Assistant Professor, Department of Nursing, Edinboro University
Co-Investigator(s): Holly Brennen, DNP(c), MSN, RN Critical Care Education Manager, Allegheny Health Network

KEY INFORMATION

You are being asked by Meg Larson and Holly Brennen to participate in a research study, taking part in the study is voluntary, and you may stop at any time.

The purpose of the study is to assess the readiness of a healthcare organization to successfully achieve national accreditation of its Nurse Residency Program (NRP).

In this study, you will be presented with/asked to complete an online modified version of the Holt Organizational Readiness for Change Tool (HORCT). You will be asked to rate the degree to which you agree or disagree with 22 questions regarding your health care organization's readiness for change. It will take you about 30 minutes to complete the study.

There are no potential risks associated with this study.

There are no direct benefits to participants from the research. It will help researchers better understand how this research relates to their field of nursing.

The information that you give in the study is anonymous. Your name and other information that could be used to identify you will not be collected or linked to the data.

Remember, taking part in this study is voluntary. If at any time during the study, you feel uncomfortable or no longer want to participate, you may stop at any time.

If you decide to stop being a part of this study, there will be no consequences.

If you decide to stop being a part of this study, contact Holly Brennen via email so that she is aware you will not be continuing in the study.

You should know that your personal information will be kept as confidential as possible, within local, state, and federal laws. Records that identify you and this signed consent may be reviewed by the Edinboro University Institutional Review Board (IRB). The results of the study may be shared in aggregate form at a meeting or in a journal, but your personal information will not be revealed. Records from this study will be kept by Holly Brennen for a minimum of three (3) years after the study is complete.

If you have questions about the research or a research-related injury you can contact Holly Brennen at hb181382@scots.edinboro.edu or holly.brennen@ahn.org. If you have a question about your rights as a research participant that you need to discuss with someone, you can contact the Edinboro University Institutional Review Board at irb.Edinboro@edinboro.edu. If you would like a copy of this informed consent, please notify Holly Brennen via email and a copy will be sent to you.

SUBJECT'S STATEMENT

By clicking the text box and continuing the survey, you have acknowledged that you have read and understood the entire consent and are at least 18 years of age. Also, you acknowledge that you agree to take part in the study and have the right to not answer any or all of the questions. Finally, you understand your participation is completely voluntary, and you may quit the study at any time without penalty.

Appendix J

Pre-Intervention Modified HORCT Results – Sample 1 (n=7)

Modified HORCT Survey Item	Median	IQR
Appropriateness		
The organization will benefit from accreditation	6	(2)
It doesn't make sense for us to pursue accreditation*	6	(1)
There are legitimate reasons for us to pursue accreditation	6	(2)
Accreditation will improve our overall efficiency	4	(3)
There are a number of rational reasons to pursue accreditation	5	(1)
[] signifies result without outlier	[5.5]*	[1.25]
In the long run, it will be worthwhile for us if the organization pursues accreditation	6	(2)
Accreditation will make our jobs easier	2	(2)
[] signifies result without outlier	[2.5]*	[3]*
When the nurse residency program is accredited, there won't be anything to gain*	5	(3)
The time spent on accreditation should be spent on something else*	7	(2)
Accreditation matches the priorities of our organization	6	(3)
Management Support		
Our senior leaders have encouraged all of us to embrace accreditation	5	(2)
Our organization's top decision makers have put their full support behind accreditation	5	(3)
Every senior manager has stressed the importance of accreditation	4	(5)
Our organizations most senior leader is committed to accreditation	6	(3)
[] signifies result without outlier	[6]*	[2]*
We are spending a lot of time on accreditation when senior managers don't even want it implemented*	4	(0)
[] signifies result without outlier	[4]*	[0]*
Management has sent a clear signal that our organization is going to pursue accreditation	4	(2)
Personal Capability		
I do not anticipate any problems adjusting to the work that we will have when we are accredited	3	(1)
[] signifies result without outlier	[2.5]*	[1]*
There are some tasks that will be required for accreditation that I don't think we can do well	6	(1)
When we go through the accreditation process, I feel we can handle it with ease	4	(3)
We have the skills needed to make accreditation work	6	(3)
If we set our minds to it, we can learn everything that will be required for accreditation	6	(2)
My past experiences make me confident that we will be able to perform successfully for accreditation	5	(2)

Appendix K

Pre-Intervention Modified HORCT Results – Sample 2 (n=2)

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

Appendix L

Post-Intervention Modified HORCT Results – Sample 1 (n=6)

Modified HORCT Survey Item	Median	IQR
Appropriateness		
The organization will benefit from accreditation	6	(2)
It doesn't make sense for us to pursue accreditation*	6	(2.25)
There are legitimate reasons for us to pursue accreditation	5.5	(2)
Accreditation will improve our overall efficiency	4.5	(2.75)
There are a number of rational reasons to pursue accreditation	5	(2.25)
In the long run, it will be worthwhile for us if the organization pursues accreditation	5.5	(2)
Accreditation will make our jobs easier	3.5	(4.25)
When the nurse residency program is accredited, there won't be anything to gain*	6	(1.5)
The time spent on accreditation should be spent on something else*	5	(3)
Accreditation matches the priorities of our organization	5.5	(2)
Management Support		
Our senior leaders have encouraged all of us to embrace accreditation	5.5	(1.25)
Our organization's top decision makers have put their full support behind accreditation	5	(2.25)
Every senior manager has stressed the importance of accreditation	4.5	(1.75)
	[4]*	[0]*
Our organizations most senior leader is committed to accreditation	5.5	(1.5)
We are spending a lot of time on accreditation when senior managers don't even want it implemented*	5.5	(2.25)
Management has sent a clear signal that our organization is going to pursue accreditation	5	(1.75)
	[6]*	[0]*
Personal Capability		
I do not anticipate any problems adjusting to the work that we will have when we are accredited	3	(1.25)
	[3]*	[0]*
There are some tasks that will be required for accreditation that I don't think we can do well	5.5	(2.25)
When we go through the accreditation process, I feel we can handle it with ease	4.5	(2.25)
We have the skills needed to make accreditation work	5	(1.5)
If we set our minds to it, we can learn everything that will be required for accreditation	5.5	(1.5)
My past experiences make me confident that we will be able to perform successfully for accreditation	6	(1.5)

[] signifies result without outlier

Appendix M

Post-Intervention Modified HORCT Results – Sample 2 (n=2)

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

Appendix N

Pre-Intervention Accreditation Readiness Survey Results – Sample 2

Standard 1 - Program Quality: Delivery	Median	IQR
I-A: Residency program activities build upon knowledge gained and competencies developed during residents’ prelicensure educational experiences.	2	(0)
I-B: The program is limited to eligible participants, and all eligible participants are in the program.	3	(0)
I-C: Program educators/faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.	5	(0)
I-D: Program educators/faculty are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	3	(0)
I-E: Program educators/faculty are evaluated for their performance in achieving the mission, goals, and expected program outcomes.	3	(0)
I-F: Program educators/faculty participate in professional development activities.	1	(0)
I-G: Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	3	(0)
I-H: Precepted experiences immerse residents into the care environment in a structured and logical manner.	2	(0)
I-I: Documents and publications are accurate. Any references in promotional materials to the program’s offerings, outcomes, and accreditation status are accurate.	4	(0)
Standard 2 - Program Quality: Institutional Commitment and Resources	Median	IQR
II-A: Through partnership, the healthcare organization and academic nursing program(s) foster achievement of the mission, goals, and expected program outcomes.	4	(0)
II-B: Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.	2	(0)
II-C: The healthcare organization, through implementation of an academic progression policy or statement, promotes and supports the attainment of a baccalaureate or graduate degree in nursing for residents prepared with an associate degree in nursing.	4	(0)
II-D: The residency coordinator: <ul style="list-style-type: none"> • is academically and experientially qualified to accomplish the program’s mission, goals, and expected outcomes; and • provides effective leadership to the program in achieving its mission, goals, and expected outcomes. 	5	(0)

II-E: The program educators/faculty are sufficient in number to achieve the mission, goals, and expected program outcomes.	2	(0)
II-F: Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis to meet the needs of the program and the residents.	1	(0)
II-G: The chief nursing officer of the healthcare organization: <ul style="list-style-type: none"> is academically and experientially qualified to accomplish the program’s mission, goals, and expected outcomes; and provides effective leadership to the program in achieving its mission, goals, and expected outcomes. 	5	(0)
II-H: The chief nursing officer of the healthcare organization has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.	5	(0)
II-I: The chief nurse administrator of the academic nursing program(s): <ul style="list-style-type: none"> is academically and experientially qualified to accomplish the program’s mission, goals, and expected outcomes; and provides effective leadership to the program in achieving its mission, goals, and expected outcomes. 	5	(0)
II-J: The chief nurse administrator of the academic nursing program(s) has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.	5	(0)
II-K: Leadership in the clinical setting of the healthcare organization ensures resident participation in program activities.	5	(0)
Standard 3 - Program Quality: Curriculum	Median	IQR
III-A.1(a): The curriculum includes best practices for skin/wound management.	4	(0)
III-A.1(b): The curriculum includes risk assessment and management to prevent falls.	4	(0)
III-A.1(c): The curriculum includes medication administration for safe and accurate administration.	2	(0)
III-A.1(d): The curriculum includes situations and actions that contribute to medication errors.	4	(0)
III-A.1(e): The curriculum includes cultivating a blame free environment in response to errors.	4	(0)
III-A.1(f): The curriculum includes infection control principles to think critically to prevent and alleviate infection.	3	(0)
III-A.1(g): The curriculum includes discussion of how the impact of performance on nursing sensitive indicators impacts the fiscal health of the healthcare organization to ensure cost awareness and decreasing costs.	4	(0)
III-A.2(a): The curriculum includes patient/family teaching relevant to health promotion, disease/injury prevention and disease management.	4	(0)
III-A.2(b): The curriculum includes best practices for pain management.	4	(0)
III-A.2(c): The curriculum includes end-of-life care to support and care to the dying patient and family.	3	(0)
III-A.2(d): The curriculum includes transcultural care to increase sensitivity to diversity among peers and patients.	4	(0)
III-A.3(a): The curriculum includes planning, organizing, prioritizing and delegating to manage patient cares.	2	(0)
III-A.3(b): The curriculum includes time management, organization of care and decision-making to effectively manage resources.	4	(0)
III-A.4: The curriculum includes assessment, responding to change in condition, and modifications to plans of care to meet standards.	4	(0)

III-A.5(a): The curriculum includes effective communication and use of the chain of command to effectively manage patient care.	4	(0)
III-A.5(b): The curriculum includes conflict management to develop skills.	3	(0)
III-A.6: The curriculum includes information about informatics and technology to support communication and care delivery, as well as provide resources for support and development of evidence-based practice.	3	(0)
III-B.1: The curriculum includes plans for professional development to advance the resident's experience, knowledge, education and ability to contribute to the Profession.	3	(0)
III-B.2: The curriculum includes concepts of evidence-based practice to increase the use in the delivery of safe, quality patient care.	4	(0)
III-B.3: The curriculum includes ethics, ethical dilemmas and frameworks for use to resolve ethical problems.	4	(0)
III-B.4: The curriculum includes the management of personal stress to promote self-care.	4	(0)
Standard 4 - Program Effectiveness: Assessment and Achievement of Program Outcomes	Median	IQR
IV-A: A systematic process is used to determine program effectiveness. A written evaluation plan specific to the healthcare organization describes how program data are systematically collected and analyzed.	3	(0)
IV-B: Program completion rates demonstrate program effectiveness.	5	(0)
IV-C: Resident alumni retention rates, as defined by the healthcare organization, demonstrate program effectiveness.	5	(0)
IV-D: Program satisfaction, of both residents and other stakeholders, demonstrates program effectiveness.	5	(0)
IV-E: Program data (other than program completion, resident alumni retention, and program satisfaction) demonstrate program effectiveness.	5	(0)
IV-F: Program data are used to foster ongoing program improvement.	4	(0)
IV-G: Resident performance is evaluated by the healthcare organization and demonstrates progress in transitioning from advanced beginner towards competent professional nurse. The evaluation process is defined and consistently applied.	5	(0)
IV-H: Program data are shared between the healthcare organization and the academic nursing program(s) to strengthen the partner relationship and to foster ongoing program improvement.	5	(0)
IV-I: A process is in place to address formal complaints about the program. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.	5	(0)

Appendix O

Post-Intervention Accreditation Readiness Survey Results – Sample 2

Standard 1 - Program Quality: Delivery	Median	IQR
I-A: Residency program activities build upon knowledge gained and competencies developed during residents' prelicensure educational experiences.	3	(0)
I-B: The program is limited to eligible participants, and all eligible participants are in the program.	5	(0)
I-C: Program educators/faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.	3	(0)
I-D: Program educators/faculty are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	5	(0)
I-E: Program educators/faculty are evaluated for their performance in achieving the mission, goals, and expected program outcomes.	4	(0)
I-F: Program educators/faculty participate in professional development activities.	3	(0)
I-G: Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	5	(0)
I-H: Precepted experiences immerse residents into the care environment in a structured and logical manner.	3	(0)
I-I: Documents and publications are accurate. Any references in promotional materials to the program's offerings, outcomes, and accreditation status are accurate.	5	(0)
Standard 2 - Program Quality: Institutional Commitment and Resources	Median	IQR
II-A: Through partnership, the healthcare organization and academic nursing program(s) foster achievement of the mission, goals, and expected program outcomes.	5	(0)
II-B: Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.	3	(0)
II-C: The healthcare organization, through implementation of an academic progression policy or statement, promotes and supports the attainment of a baccalaureate or graduate degree in nursing for residents prepared with an associate degree in nursing.	5	(0)
II-D: The residency coordinator: <ul style="list-style-type: none"> • is academically and experientially qualified to accomplish the program's mission, goals, and expected outcomes; and • provides effective leadership to the program in achieving its mission, goals, and expected outcomes. 	5	(0)
II-E: The program educators/faculty are sufficient in number to achieve the mission, goals, and expected program outcomes.	3	(0)

II-F: Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis to meet the needs of the program and the residents.	3	(0)
II-G: The chief nursing officer of the healthcare organization: <ul style="list-style-type: none"> is academically and experientially qualified to accomplish the program’s mission, goals, and expected outcomes; and provides effective leadership to the program in achieving its mission, goals, and expected outcomes. 	5	(0)
II-H: The chief nursing officer of the healthcare organization has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.	5	(0)
II-I: The chief nurse administrator of the academic nursing program(s): <ul style="list-style-type: none"> is academically and experientially qualified to accomplish the program’s mission, goals, and expected outcomes; and provides effective leadership to the program in achieving its mission, goals, and expected outcomes. 	5	(0)
II-J: The chief nurse administrator of the academic nursing program(s) has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.	5	(0)
II-K: Leadership in the clinical setting of the healthcare organization ensures resident participation in program activities.	3	(0)
Standard 3 - Program Quality: Curriculum	Median	IQR
III-A.1(a): The curriculum includes best practices for skin/wound management.	4	(0)
III-A.1(b): The curriculum includes risk assessment and management to prevent falls.	4	(0)
III-A.1(c): The curriculum includes medication administration for safe and accurate administration.	5	(0)
III-A.1(d): The curriculum includes situations and actions that contribute to medication errors.	5	(0)
III-A.1(e): The curriculum includes cultivating a blame free environment in response to errors.	4	(0)
III-A.1(f): The curriculum includes infection control principles to think critically to prevent and alleviate infection.	4	(0)
III-A.1(g): The curriculum includes discussion of how the impact of performance on nursing sensitive indicators impacts the fiscal health of the healthcare organization to ensure cost awareness and decreasing costs.	4	(0)
III-A.2(a): The curriculum includes patient/family teaching relevant to health promotion, disease/injury prevention and disease management.	4	(0)
III-A.2(b): The curriculum includes best practices for pain management.	4	(0)
III-A.2(c): The curriculum includes end-of-life care to support and care to the dying patient and family.	5	(0)
III-A.2(d): The curriculum includes transcultural care to increase sensitivity to diversity among peers and patients.	5	(0)
III-A.3(a): The curriculum includes planning, organizing, prioritizing and delegating to manage patient cares.	4	(0)
III-A.3(b): The curriculum includes time management, organization of care and decision-making to effectively manage resources.	4	(0)
III-A.4: The curriculum includes assessment, responding to change in condition, and modifications to plans of care to meet standards.	5	(0)
III-A.5(a): The curriculum includes effective communication and use of the chain of command to effectively manage patient care.	5	(0)

III-A.5(b): The curriculum includes conflict management to develop skills.	5	(0)
III-A.6: The curriculum includes information about informatics and technology to support communication and care delivery, as well as provide resources for support and development of evidence-based practice.	4	(0)
III-B.1: The curriculum includes plans for professional development to advance the resident’s experience, knowledge, education and ability to contribute to the Profession.	5	(0)
III-B.2: The curriculum includes concepts of evidence-based practice to increase the use in the delivery of safe, quality patient care.	5	(0)
III-B.3: The curriculum includes ethics, ethical dilemmas and frameworks for use to resolve ethical problems.	4	(0)
III-B.4: The curriculum includes the management of personal stress to promote self-care.	4	(0)
Standard 4 - Program Effectiveness: Assessment and Achievement of Program Outcomes	Median	IQR
IV-A: A systematic process is used to determine program effectiveness. A written evaluation plan specific to the healthcare organization describes how program data are systematically collected and analyzed.	5	(0)
IV-B: Program completion rates demonstrate program effectiveness.	5	(0)
IV-C: Resident alumni retention rates, as defined by the healthcare organization, demonstrate program effectiveness.	2	(0)
IV-D: Program satisfaction, of both residents and other stakeholders, demonstrates program effectiveness.	4	(0)
IV-E: Program data (other than program completion, resident alumni retention, and program satisfaction) demonstrate program effectiveness.	5	(0)
IV-F: Program data are used to foster ongoing program improvement.	5	(0)
IV-G: Resident performance is evaluated by the healthcare organization and demonstrates progress in transitioning from advanced beginner towards competent professional nurse. The evaluation process is defined and consistently applied.	4	(0)
IV-H: Program data are shared between the healthcare organization and the academic nursing program(s) to strengthen the partner relationship and to foster ongoing program improvement.	5	(0)
IV-I: A process is in place to address formal complaints about the program. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.	5	(0)

Appendix P

Nurse Residency Accreditation Gap Closure Plan

Deficient Criteria

Gap Closure Plan

Standard 1: Program Quality: Program Delivery	
I-A: Residency program activities build upon knowledge gained and competencies developed during residents’ prelicensure educational experiences.	<ul style="list-style-type: none"> • Sample unit orientation plans (Med-Surg, Progressive Care, Critical Care, etc.)
I-D: Program educators/faculty are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	<ul style="list-style-type: none"> • Create electronic signage form for orientation of roles and responsibilities for educators/faculty and send out to all educators/faculty.
I-E: Program educators/faculty are evaluated for their performance in achieving the mission, goals, and expected program outcomes.	<ul style="list-style-type: none"> • Create word document to define goal score for educators of neutral, agree, or strongly agree and action if disagree or strongly disagree is achieved. NRP coordinator responsible for reviewing evaluations and addressing scores of disagree or strongly disagree.
I-F: Program educators/faculty participate in professional development activities.	<ul style="list-style-type: none"> • Create word document to summarize faculty evaluation process (CV/professional records updated annually and reflect participation in professional development activities)
I-H: Precepted experiences immerse residents into the care environment in a structured and logical manner.	<ul style="list-style-type: none"> • Develop a structured orientation process.
Standard 2: Program Quality: Institutional Commitment and Resources	
II-B: Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.	<ul style="list-style-type: none"> • Action plan to address inadequate space, computers, facilities, etc.

<p>II-E: The program educators/faculty are sufficient in number to achieve the mission, goals, and expected program outcomes.</p>	<ul style="list-style-type: none"> • Action plan to address inadequate number of educators/faculty (discussed recruitment via Clinical Ladder and quality coaches).
<p>II-F: Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis to meet the needs of the program and the residents.</p>	<ul style="list-style-type: none"> • Investigate EBP Learning Module to provide more support.
<p>Standard 3: Program Quality: Curriculum</p>	
<p>III-A.6: The curriculum includes information about informatics and technology to support communication and care delivery, as well as provide resources for support and development of evidence-based practice.</p>	<ul style="list-style-type: none"> • Revision of EBP portion of program.