

Commitment to Professional Development

Source of Evidence 3 EO

Describe and demonstrate the organization has met goals for improvement in formal education. Graphically summarize at least 2 years of data to display changes over time.

Appraiser Feedback:

Not evident from information provided that goals for improvement in formal education were set or met. A description of the goal setting and achievement across all entities and settings is needed. Need graphs that clearly depict the goals and show that the goals were met over the past two (2) years.

Purpose/Background

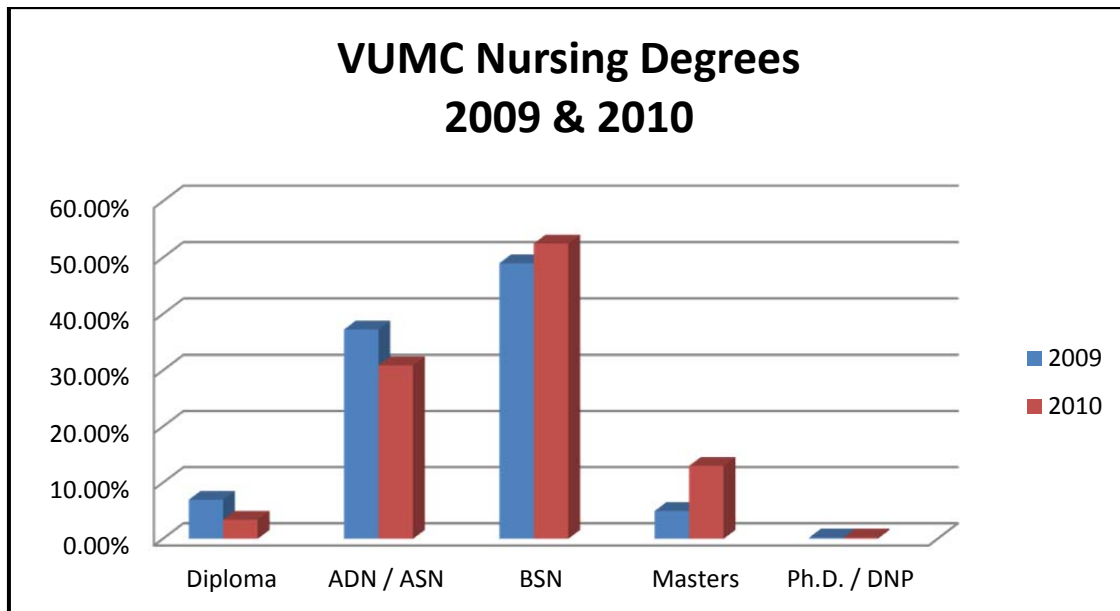
Our Philosophy of Nursing is the guiding force of our commitment to professional development. *“We believe that the future of the profession rests upon developing collaborative models between nursing service and nursing education. Nursing accepts the responsibility for facilitating education of patients, families, nursing peers, colleagues from other disciplines and students of the various health professions. Each nurse serves as a role model of quality professional practice.”*

Setting the educational goals for the direct care staff

An analysis of our direct care nurse educational levels before, during and after our initial Magnet site visit showed that we continued to outperform the Magnet norm benchmark for BSN degrees – well over 50%. Nursing leadership discussed this high performance and what we were seeing with the increased influx of BSN graduates through our residency program. The goal would be to maintain this level and realize the increase through our residency program.

(See Graph below)

Graph SE EO – 1: VUMC Nursing Degrees 2009 & 2010



The establishment of an enterprise-wide nursing residency program helped sustain the goal of attaining at least 80% of the residency groups being BSN each year. This strategy has increased the number of baccalaureate prepared graduate nurses that we hire each year. Please see Table 1 below indicating the percentage of graduate nurses with BSNs that have been hired with each cohort since 2008. We are averaging an 80% hire rate of baccalaureate prepared graduate nurses with each cohort. Our nurse residency program attracts candidates nationally and we have hired graduates from a total of thirty-nine states (plus DC) with representation from 176 different schools of nursing.

Table SE 3 EO – 1: Education Preparation for Nurse Residents

Cohorts	Summer 2008	Winter 2009	Summer 2009	Winter 2010	Summer 2010	Cumulative
Associate degree	34 (18%)	25(21%)	16 (14%)	25 (19%)	29 (18%)	129 (18%)
BSN	157 (82%)	87 (75%)	97 (85%)	99 (77%)	130 (81%)	570 (80%)
BSN matriculation to MSN	0	5 (4%)	1(1%)	0	0	6 (1%)
MSN	0	0	0	5 (4%)	1 (1%)	6 (1%)

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Nurses with associate degrees are encouraged to return to school for their BSN through use of our Human Resources tuition reimbursement policy and our Nursing Tuition Assistance Benefit policy. We offer flexible scheduling with 12-hour shift options and the nurses are able to self-schedule around their school commitments using our web-based VandyWorks program.

Table SE 3 EO – 2: Cumulative Data – Nursing Tuition Assistance Benefit 2009 - 2010

Semester	Total	ADN	ASN	BSN	MSN	DNP	PhD	\$ Total
Spring 2009	346	11	23	90	220	1	1	\$1,437,375.00
Summer 2009	265	1	5	47	206	5	1	\$802,153.69
Fall 2009	413	7	30	68	283	20	5	\$1,298,280.69
Spring 2010	487	12	24	94	328	22	7	\$2,074,063.00
Summer 2010	289	2	4	35	232	9	7	\$783,533.00
Fall 2010	309	3	25	51	208	17	5	Pending

[SE 3 EO Exhibit A-1-Nsg Tuition Benefits 2009-2011 Academic Yr Totals]

Setting the education goal for managers

Background/Purpose

During that same time frame, one of our Be the Best committees, Leadership Development (which includes nurse managers), reviewed the job description for our nursing managers and created a matrix outlining the key functions and job expectations. The next step in continuation of that work, was a review of the matrix again in 2009 to establish the performance rating criteria for each category of “meets expectations,” “exceeds expectations,” and “outstanding.” These categories reflect Benner’s (1984) novice to expert development theory with “meets expectations” correlating with “competent,” “exceeds expectations,” correlating with “proficient,” and “outstanding” correlating with “expert.” [SE 3 EO Exhibit B-1-Manager Rating Scale]

Nurse Managers serve as stewards of the financial health of their areas, the outcomes for patient care and the work environment (culture) for the staff. In review of the literature around positive practice environments, we have been steeped in the evidence that nurse managers serve as the chief retention officers for nurses at the bedside. We believe that nurse managers need the knowledge base and skill set that comes from an advanced degree to fully function in their roles. Therefore, the goal was set for all managers to be prepared at the master's level at VUH and Children's by July 2012 and added to the job description as the requirement. [SE 3 EO Exhibit C-1-NEB Minutes 04-07-09, SE 3 EO Exhibit C-2-NEB Minutes 04-21-09, SE 3 EO Exhibit C-3- Nurse Manager Job Description]

Vanderbilt Psychiatric Hospital (VPH)

VPH has four (4) nurse managers. For almost two years we were in the discovery and negotiation phases to sell VPH to a for-profit organization. During the discovery and negotiation phases, VPH continued their course with VUMC nursing and maintained a Magnet culture. However, introducing significant change was on hold. When the final decision was made to keep VPH as part of VUMC, we hired a new CNO and set the course with those four (4) managers to get masters degrees. One is close to having the degree completed.

Both of the administrative coordinators who cover the night shift in VPH have advanced degrees; one (1) has a MSN and one (1) has a BSN, JD. In addition, the CNO has a master's degree in nursing. Before the deadline of July 2012, VPH will reach the goal of 100% managers with master's degrees.

Vanderbilt Clinics

The goal was not set for the clinics the same. We have a different leadership model in the clinics. Many of the managers are not nurses, but the nurse leaders for the clinics may be assistant managers or charge nurses. There are also nurse administrative directors for each area with advanced degrees. The requirements set for July 2012 are below:

Ambulatory: Masters degree in health-related field and 5 years of physician office experience or RN with MSN + 5 years experience (RN/MSN preferred, but not required)

The clinics have an extensive training program that each of their managers (including assistant managers and charge nurses) go through. This training program entails extensive education on outpatient management and specifically the expectations for Vanderbilt Clinics. [SE 3 EO Exhibit D-1-Clinic Manager Job Posting]

Methods/Approach

Based on the evidence and recommendations as above, the Nursing leadership (Nursing Executive Board) set the expectation that nurse managers will have a minimum of a masters degree. For those that did not have advanced degrees, administrative directors worked with

their nurse managers and developed specific educational action plans to achieve the goal of 100% of our inpatient nurse managers being masters prepared by July 2012.

We knew that we would have to do this in a tier format through normal attrition/new hires and educational plans for current non master’s prepared nurse managers. These discussions started in 2008 after our initial Magnet designation in 2006. An evaluation of our percentage of nurse managers with masters at the time of our initial Magnet designation showed obvious room for improvement – VUH 57.9% and VCH 23.07%. We believed an aggressive plan would work by setting the goals per year at 50, 60, 70, 80, and finally reaching 100% by July 2012.

The nurse managers can take advantage of our Human Resources tuition reimbursement policy as well as our Nursing Tuition Assistance Benefit policy. *(Policy in OO 8)* We are fortunate to have the Vanderbilt School of Nursing and other accredited local universities which offer numerous Masters level programs for our nurses to choose from when pursuing their advanced education. At this time, 100% of our administrative directors have earned their Masters degree. *(Please see OO 17 for job descriptions and OO6 for listing of leader credentials).*

Doctorates

In 2009, the Nursing Executive Board also made a decision to revise the Nursing Tuition Assistance Benefit policy to include doctoral programs (Doctorate of Nursing Practice and Ph.D.) to encourage masters prepared nurses from across the organization to go back to school to complete the terminal degree in nursing. Having access to the Nursing Tuition Assistance Benefit for doctoral programs was a request of several nursing leaders in the organization. To date, we have had 10 nurses in leadership roles complete a doctoral program.

Participants

Be the Best Leader Development Committee

Table SE 3 EO – 3: Participants

Adrienne Ames, MSN, RN	Consultant, Executive Nursing Administration
Richard Benoit, MSN, RN	Educator, Surgical ICU
Katie Brennan, MSN, RN	Manager, Outpatient Medicine
Avni Cirpili, MSN, RN, NE-BC	CNO, Vanderbilt Psychiatric Hospital (VPH)
Marlee Crankshaw, DNP, RN, CNML	Director, Neonatal Services
Carol Eck, MBA, BSN, RN	Administrative Director, Cancer Patient Care Center
Kelly Ernst, RN	Consultant, Nursing Education & Professional Development
Nancye Feistritzer, MSN, RN	Associate Hospital Director, Perioperative Services, VUH

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Connie Ford, BSN, MHA, RN, CPON	Administrative Director, Inpatient Services Children's
Debra Grimes	Education, VMG Administration
Jena Hodges, BSN, RN	Manager, Outpatient Surgery PCC
Sarah Hutchison, BSN, RN	Case Management VUH
Laura Kelley, MSN, RN	Director, Nursing Diversity and Inclusion
Karin League, MSN, RN	Manager, Childrens Perioperative Services
Betty Minton, MSN, RN	Manager, PACU/Holding Room VUH
Marcia Mitchell, RN	Vanderbilt Home Care Services
Annie Neu	Education, VMG Administration
Jerita Payne, MSN, APN-NP	Transplant Center Administration
Racy Peters, MSN, RN	VMG Executive Leadership
Tracy Puett	Education, VMG Administration
Vicki Richard, BSN, MBA, RN, NEA-BC	Assistant Administrative Director, Cancer Patient Care Center
Barbara Shultz, MSN, RN	Director, Integrated Service Line, Critical Care – Children's Hospital
Robin Steaban, MSN, RN	Administrative Director, Vanderbilt Heart and Vascular Institute
Dixie Taylor, BSN, MMHC, RN	Manager, VMG Medicine Clinic
Chris Wilson, MSN, RN-BC	Director, Nursing Education & Professional Development VUH

Nursing Executive Board

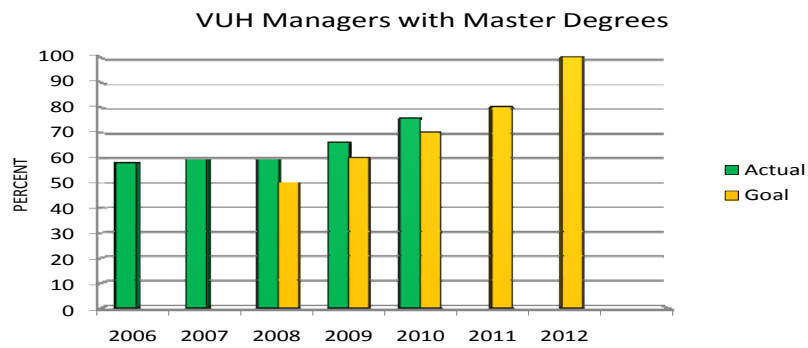
Table SE 3 EO – 4: Participants

Marilyn Dubree, MSN, RN, NE-BC	Executive Chief Nursing Officer
Carol Eck, BSN, MBA, RN	Administrative Director, Cancer Patient Care Center
Avni Cirpili, MSN, RN, NEA-BC	CNO Vanderbilt Psychiatric Hospital
Nancye, Feistritz, MSN, RN	Associate Hospital Director, Perioperative Services, VUH
Margaret Head, MSN, MBA, RN, NE-BC	COO/CNO Vanderbilt Clinics (VMG)
Susan Hernandez, MBHA, RN	Associate Hospital Director, Nursing, VCH
Pam Jones, MSN, RN, NEA-BC	Associate Hospital Director & CNO, VUH
Robin Mutz, BSN, MPPM, RNC, NEA-BC	Administrative Director, Women's Patient Care Center
Debianne Peterman, PhD, MSN, RNC-NIC, NE-BC	Director, Nursing Education and Professional Development VUMC
Robin Steaban, MSN, RN	Administrative Director, Vanderbilt Heart and Vascular Institute
Anne Underhill, MSN, MBA, RN, CPA	Director, Finance – Nursing

Outcomes/Impact

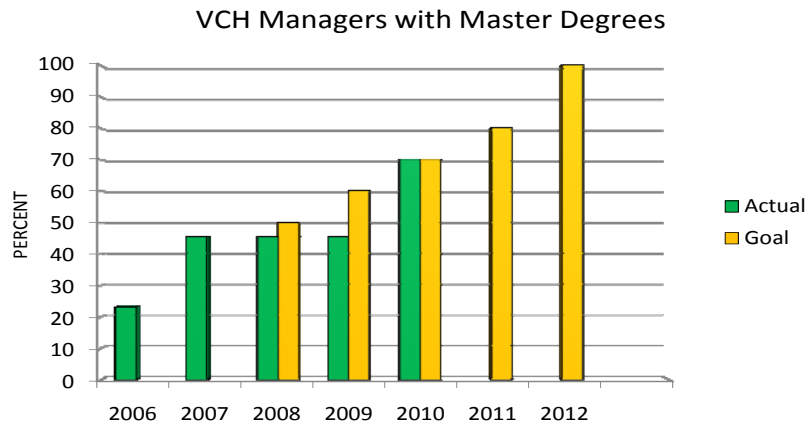
We are on track (as of 2010) in VUH and VCH with our goal that 100% of all nurse managers will have masters degrees by July 2012. See graphs below.

Graph SE 3 EO – 2: VUH Managers with Masters Degrees Progress



Year	Actual	Goal
2006	57.9%	NA
2007	59.09%	NA
2008	59.09%	50%
2009	66.06%	60%
2010	75.67%	70%
2011	In progress	80%
2012	TBD	100%

Graph SE 3 EO – 3: VCH Managers with Masters Degrees Progress



Year	Actual	Goal
2006	23.07%	NA
2007	45.45%	NA
2008	45.45%	50%
2009	45.45%	60%
2010	70%	70%
2011	In process	80%
2012	TBD	100%

Table SE 3 EO – 3: VUMC Entity Education Data for Direct Care Nurses for 2009 and 2010

Vanderbilt University Medical Center (VUH)				
	Diploma	AD/ASN	BSN	MSN
2009	2.7%	33.4%	58.2%	5.7%
2010	2.5%	35.3%	58.3%	3.7%
Childrens Hospital at Vanderbilt (VCH)				
2009	3.8%	24.2%	69%	3.0%
2010	3.1%	26.2%	67%	3.7%
Vanderbilt Psychiatric Hospital				
2009	12.9%	49.4%	30.6%	7.1%
2010	13.3%	45.6%	32.2%	7.8%

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Vanderbilt Clinics				
2009	8.4%	42.0%	45.6%	4.0%
2010	4.2%	33.0%	60.7%	2.1%