

The Betty Irene Moore Nursing Initiative Final Assessment



Prepared for
Gordon and Betty Moore Foundation

Prepared by
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Preface

ACKNOWLEDGEMENTS

Informing Change would like to thank and acknowledge the Gordon and Betty Moore Foundation staff, the Learning and Evaluation staff, the Steering Committee and our Knowledge Advisor panel for their input, guidance and partnership with us on this assessment. We also would like to thank all of the grantees, stakeholders, and former and current Nursing Foundation staff who participated in data collection for the evaluation and provided valuable insight and reflections on the Nursing Initiative's work.

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Executive Summary

The Gordon and Betty Moore Foundation commissioned Informing Change to conduct an external final assessment of the Betty Irene Moore Nursing Initiative and provide a summary of its approach, impacts and key learnings. This executive summary presents the highlights from the full assessment report.

Between March and September 2014, the assessment team conducted an extensive review of key Nursing Initiative documents; a confidential grantee survey with 64% of all Initiative-supported projects (102 of 159) and 70% of total Nursing Initiative funding represented; and 78 phone interviews with former and current Foundation staff, grantees and other key stakeholders. The Foundation's Learning and Evaluation staff, Nursing Initiative staff, a Foundation-established Steering Committee and a panel of Knowledge Advisors provided input and guidance at key points throughout the assessment process.

OVERVIEW OF THE NURSING INITIATIVE

Since 2004, the Betty Irene Moore Nursing Initiative (the Initiative), an initiative of the Gordon and Betty Moore Foundation (the Foundation), has worked to improve patient care in adult acute care hospitals in the San Francisco Bay Area and Greater Sacramento area. The Initiative evolved from Betty Irene Moore's experience as both a caregiver and patient and developed from her vision to empower nurses to become strong leaders in the bedside care and safety of patients. It marked the Foundation's first foray into the healthcare field.

An 18-month investigation conducted by the Foundation and preceding the Board of Trustees' approval of the Initiative, found that preventable medical errors were widespread in local hospitals; the role of bedside nurses in improving patient safety and quality was not widely recognized; the skills of nurses did not always reflect the most current best practices; and the nation, including the San Francisco Bay Area, was facing an impending shortage of nurses. This research informed the Initiative's design as well as the specific strategies to achieve the ultimate goal of improving nursing-related patient outcomes.

A set of core design elements permeated all aspects of the Initiative: a focus on frontline nurses and adult acute care hospitals, the use of evidence-based practices, integration of measurement and data into projects, support of collaboration across organizations, and a focus on organizations within defined regions. In addition, the Initiative employed three strategies to work toward its ultimate goal.

1) The Nursing Workforce strategy aimed to create a larger and better nursing workforce through:

- Fostering partnerships between nursing schools and hospitals,
- Increasing the number of qualified nurse educators and faculty in nursing schools,
- Expanding pre-licensure programs,
- Increasing the efficiency and effectiveness of clinical training opportunities,
- Incorporating quality and safety competencies into curricula, and

- Monitoring the supply and demand of the nursing workforce.

2) The Hospital Patient Safety strategy intended to strengthen the leadership skills of nurses and other frontline clinicians to implement evidence-based practices in hospital inpatient settings through:

- Generating momentum for hospital quality improvement efforts,
- Funding hospitals to improve clinical outcomes,
- Supporting regional collaboratives of hospital staff working on quality improvement efforts,
- Supporting hospitals on their journey toward Magnet designation,
- Building knowledge and skills of hospital staff,
- Measuring improvement efforts, and
- Developing nurse leadership.

3) The Transitional Care strategy supported patients' transitions from acute care hospitals to home or other care settings through:

- Funding hospitals' efforts to implement evidence-based transitional care models,
- Promoting hospitals' efforts to understand the causes of patient readmissions and
- Supporting collaborative learning communities.

Across all these strategies, the Nursing Initiative encouraged and supported efforts to enhance frontline nurses and clinicians' leadership skills and motivation. Over time, the Nursing Initiative staff acknowledged this as a more explicit strategy that helped them move toward their goals.

Evolution of the Initiative: Over the past ten years, the Nursing Initiative shifted in response to external and internal factors. Some changes were shifts in emphasis or prioritization, while others were changes to funding levels and timeframes. All of the key changes were approved by the Board of Trustees with the exception of the Nursing Initiative's expansion to work with interdisciplinary teams.

2005: \$14 million extension to original funding to improve discharge planning for high-risk elderly patients with congestive heart failure, which then expanded to a broader transitional care approach

2007: \$30 million and a ten-year expansion to include hospital systems in the Greater Sacramento area in the Initiative's hospital patient safety strategy

2009: Re-prioritized emphasis on better preparing nurses in addition to increasing the number of nurses

2009: Interdisciplinary teams engaged to help facilitate better patient safety and clinical quality

2009: Measurement of outcomes shifted from the Initiative "Report Card" to measures closer to expected outcomes

2012: Decision by Foundation leadership to end the Initiative by December 2015

2012: \$7 million allocated for implementing an exit strategy

2013: \$7 million allocated for dissemination of learnings and models

Approach to philanthropy: The Nursing Initiative took a distinct, outcomes-focused, multi-modal approach to work toward its goals. Staff drew on national expertise to design the Initiative and support implementation of best practices. Throughout the Initiative, they partnered closely with grantees to impart ideas, develop projects and address unexpected challenges or opportunities. From March 2004 through April 2014, the Nursing Initiative distributed 312 grants to 118 organizations, totaling \$181,327,492.^{1,2} In addition, the Initiative offered non-

¹ At the time of this assessment, 31% of grants were still active or committed, and the Nursing Initiative was focusing on closing current grants, exiting the Initiative and disseminating key projects until its end in December 2015.

monetary supports, such as grantee collaboratives, commissioned research, trainings, expert technical assistance and convenings, to augment the impact of the grants. Over time, the Nursing Initiative became more proactive about disseminating models and learnings and increased its activities for sharing these beyond the Nursing Initiative's regional scope. Once the Foundation decided to exit the Initiative, staff launched an exit strategy to support the sustainability of local grantee projects and outcomes.

PROGRESS TOWARD THE INITIATIVE'S INTENDED OUTCOMES

Since its launch, the Nursing Initiative has made significant progress toward a set of ten expected outcomes that the Foundation's Board of Trustees identified as priorities for measuring impact. In assessing progress toward the two Initiative-level outcomes of increased patient safety in the two targeted regions, the key accomplishments are:

- Eighty-three percent of the San Francisco Bay Area hospitals achieved evidence-based improvement targets for at least three causes of preventable mortality and/or complications.
- Greater Sacramento area hospitals participating in the Initiative are making good progress toward their targeted improvements on at least three key causes of mortality and/or complications by 2015. While only one of the hospital systems has made improvements to the expected three key areas, 94% have met the threshold for at least one of these areas and are in progress of working toward other areas.

In assessing the eight strategy-level outcomes, the key accomplishments are:

- The Nursing Initiative directly contributed to an increase of 1,315 new nurse graduates in the San Francisco Bay Area.
- As a result of Nursing Initiative support, the four largest San Francisco Bay Area nursing schools that offer a Bachelor's degree or higher in nursing updated their curricula with Quality and Safety Education for Nurses (QSEN) competencies, and other participating schools show evidence of progress toward QSEN integration in their curricula.
- At the end of 2013, 75% of San Francisco Bay Area acute care hospitals and nursing schools utilized the new Centralized Clinical Placement System, created through the Nursing Initiative—just shy of the expected 80% participation. The Nursing Initiative is currently working to return the participation level back to its previous 80%.
- Implementation of the *100,000 Lives Campaign* by grantee hospitals saved at least 507 lives.³
- One hundred percent of San Francisco Bay Area hospitals participated in a local collaborative, called BEACON or the San Francisco Bay Area Patient Safety Collaborative, which was created by the Nursing Initiative to facilitate peer-to-peer sharing among hospitals about patient safety and quality improvement efforts.
- The Nursing Initiative offered opportunities for nurses and other frontline clinicians to develop their leadership skills in order to promote change within their day-to-day work at their organizations or across hospitals within a system. A total of 3,196 Change Agents and 272 Master Change Agents were developed in the San Francisco Bay Area through the Nursing Initiative's support.⁴

² A total of \$159,035,104 was distributed through the Nursing Initiative allocation, and an additional \$22,292,388 was distributed through the standalone allocation from 2006 through 2011.

³ See full assessment report for calculation details.

⁴ A "Change Agent" directly or indirectly causes or accelerates change within healthcare by providing leadership, primarily at the front line, in implementing change projects within their organizations.

- Four San Francisco Bay Area hospitals achieved Magnet designation with help from the Initiative, joining a select group of only 6% of hospitals across the nation that hold this distinction.
- Grantees of the Nursing Initiative's Transitional Care strategy report progress in reduction of readmissions. Overall, 11 hospitals in the San Francisco Bay Area either reduced their 30-day readmissions rate by 30% and/or their 90-day readmissions rate by 15%.

STAKEHOLDER REFLECTIONS ON THE NURSING INITIATIVE'S IMPACTS

Grantees, Foundation staff and external stakeholders were asked to identify Initiative impacts beyond any individual grant or grant project. They identified impacts related to the ten Board-approved outcomes as well as other Initiative-related impacts within and beyond the two regions of focus:

- The Nursing Initiative's most significant impact is increased patient safety and care within the two regions' hospitals.
- A cadre of skilled nurses is advancing quality improvement and evidence-based practices in local hospitals, and these skilled nurses feel more empowered to drive improvement efforts in the clinical practice setting.
- There is a greater presence and elevated status of nurse leaders in the regional healthcare landscape, not just in hospitals. The region has more highly-educated nurses due to doctoral programs, and nurses are more familiar and comfortable with specific professional practices (e.g., research, evidence-based practices, team-based care).
- Hospitals have greater capacity to improve patient care, including new models, approaches and guidelines for improving inpatient care and patient transitions.
- Hospital staff gained a greater understanding of how to use data, and some have built greater internal capacity for data collection and management.
- In some hospitals, the culture around patient care and safety has shifted. Interest in quality improvement is driving more transparency around patient care and replacing punitive measures for mistakes that were often driven by fear of lawsuits.
- Hospitals have elevated their interest in improving transitional care processes. What was seen as an experiment at the beginning of the Initiative has evolved into a recommended practice with pay-for-performance incentives for hospitals.
- The San Francisco Bay Area has developed greater capacity to prepare nursing school students and support their transition into nursing careers at local institutions.
- Across the regions' nursing-related institutions, there are new and stronger partnerships and more frequent sharing of information.

Despite the targeted focus on the San Francisco Bay Area and the Greater Sacramento area, most grantees and external stakeholders think that the Initiative has had an impact beyond these regions. Those who were more familiar with the Initiative thought that it had contributed to a national momentum to enhance patient safety, especially in terms of reducing sepsis mortality in hospitals. Impacts beyond the Initiative's two regions are also evident through the replication of 19 of the 27 key Initiative-supported projects in communities and organizations across the country.

KEY FACTORS INFLUENCING PROJECT IMPACTS & SUSTAINABILITY

Grantees frequently reported that they had not only met the Initiative's objectives, but exceeded them, something that is uncommon to hear from grantees who undertake these types of endeavors. In addition, almost all grantees report that they have been "very successful" or "somewhat successful" in sustaining the Nursing Initiative-supported changes and impacts beyond the length of their grants. A number of key factors influenced grantees' ability to make impact as well as their ability to sustain these impacts once the funding ended.

Factors contributing to project impacts: Quality frontline staff, including dedicated project managers and nurse champions, were critical to ensuring that grantee projects continued to make progress despite busy environments and competing demands. The support of organizational leaders, including executive leaders and physician champions, helped to prioritize projects, facilitate culture change and position the work for sustainability. Data and measurement requirements that resulted in compelling project data were particularly useful for grantees who used these data to generate buy-in from key stakeholders. Some time-defined impediments to grantees' progress included simultaneous implementation of health technology infrastructure (e.g., electronic health records) and a lack of staff expertise on the collection and use of data. While the economic downturn negatively impacted about a quarter of grantees' projects, some grantees experienced positive changes from the external environment, such as new reimbursement incentives connected to reducing hospital patient readmission rates.

Factors contributing to sustainability of impacts: The commitment of organizational funds and the integration of Initiative-supported projects into ongoing work are the most common ways that grantees sustained their work once their grants ended. Creating partnerships or collaborations with other organizations, creating greater efficiencies, shifting organizational culture or mindset, and/or changing organizational practices were particularly important factors that led to this integration. To date, 73% of grantees have leveraged internal and/or external funding to continue their project work, for a total of \$55 million dollars; this is in addition to the \$118 million grantees secured in match funding from their organizations during the grant periods.

STAKEHOLDER REFLECTIONS ON DESIGN & IMPLEMENTATION

Grantees, Foundation staff and external stakeholders were asked for their perspectives on the design and implementation of the Initiative.

Design of the Initiative: Overall, grantees think that the Nursing Initiative's key design elements—the focus on data and measurement, the use of evidence-based practices, the focus on frontline nurses and clinicians, and the support of hospitals within defined regions—have been very important to improving nursing-related patient care. While costly, time consuming and challenging, the focus on data and measurement was seen as essential for quality and timely data collection and analysis. Grantees appreciated the related assistance they received, although some thought the measurement requirements were too labor-intensive or too narrow to fully assess important indicators of change.

Working with all hospitals and nursing schools in a local area provided the Nursing Initiative the unique opportunity to effectively impact an entire region and catalyze collaboration. Stakeholders reflected on the ways this facilitated peer learning, helped leaders identify and address common problems, and resulted in better measurements of impact across organizations. Small independent hospitals voiced appreciation for being included in Initiative grants, acknowledging that they often are not well-positioned to compete for this type of support against prestigious and highly-experienced organizations. The Initiative's regional approach, however, also had some drawbacks: it was expensive to fund and sustain work across a group of grantees with such a wide range of needs and experiences, grantee hospital systems that extended beyond the two regions found it more difficult to spread practices throughout their hospital systems, and some stakeholders believe the regional approach limited the Initiative's impact on the broader healthcare environment.

Approach to grantmaking: In general, grantees think that the Nursing Initiative's approach to supporting them was very positive. For the most part, grantees think they received generous support, both monetary and non-monetary, to accomplish their project goals. Technical assistance provided by consultants and Nursing Initiative staff was critical to help move their work forward. The Initiative-supported collaboratives provided an important learning environment as well as "soft" competition, where hospitals were motivated to improve their numbers

when compared side-by-side with their colleagues. Convenings sponsored by the Initiative, such as grantee summits and a speaker series, allowed participants to learn about each other's work, hear from experts, and stay informed about new research and trends in the field.

Many grantees described the Nursing Initiative staff as “partners” who helped maximize the Foundation's grant investments. They appreciated how staff provided advice and helped to troubleshoot problems as they arose. Most grantees thought that Foundation staff's communication, their efforts to share grantees' work and facilitate their connections with other individuals and organizations were “very important” contributors to patient care improvements. However, a common critique of the Initiative was the lost opportunity to disseminate learnings and successful models earlier. In addition, the relatively frequent staff turnover within the Nursing Initiative was sometimes viewed as disruptive, especially given the highly-valued partnership approach staff took with grantees.

Operating within the Foundation's structure: Although the Nursing Initiative took the Foundation into a new content area, Foundation staff report that it aligned with the Foundation's overall approach and applied a methodology and planning process that was very much in line with the Foundation's strengths (e.g., defining clear objectives, holding grantees accountable, measuring outcomes, carefully vetting investments, analyzing risk). Having access to additional funds through the Foundation's standalone allocation was helpful to pursue complementary work that was not tied directly to the Board-approved outcomes. While accounts of the Initiative Lifecycle Management Process varied among those Foundation staff who commented on it, most thought that it could have been handled better; some noted that the process should be required of all initiatives. The lack of communications staff at the Foundation was also noted as hindering the dissemination of Initiative learnings and the ability to create general awareness of the Initiative and its impact.

REFLECTIONS & RECOMMENDATIONS

Based on the questions that guided this assessment, Informing Change offers its reflections on the strengths of the Nursing Initiative, areas that could have been improved and corresponding recommendations.

The Initiative's relevance, outcomes and impacts: The Initiative approached a very important problem—patient safety in adult acute care hospitals—via frontline clinicians whose critical role in healthcare has historically received less attention. The focus and scope of the Initiative, including its personal relevance to the Foundation's founders, the timeframe and the amount of funding required to bring about change in large, expensive healthcare institutions, was well aligned with the resources and interests of the Foundation. The Initiative capitalized on what private philanthropy is well positioned to do—jump quickly into an area of need with focused resources which are not prone to the ebb and flow of politics or the slow approval processes in public sector funding.

The Initiative achieved its overall goal of improving patient safety in adult acute care hospitals in the San Francisco Bay Area and appears set to do so in the Greater Sacramento area. Many grantees and other stakeholders believe that the Initiative grants created long-lasting positive impacts that are continuing, and will continue, to benefit patient safety within individual organizations and in the broader field. Some of this longer-term impact is related to the significance of the new knowledge accrued through the Initiative about how to improve patient safety, but more of the lasting impact comes from the way many grantee projects became embedded in ongoing work or absorbed into the budgets of their institutions. Foundation staff's planning for sustainability from the inception of the Initiative laid the groundwork for these lasting results.

The Initiative carefully set and managed goals for its investments, and as a result, the achievements are very well aligned with the Foundation's expectations, particularly those related to the ten Board-approved outcomes. The Nursing Initiative staff's close relationships with grantees, their connections to key stakeholders and their knowledge of relevant research enabled them to make informed adjustments that kept the work focused on its ultimate goal. While the Nursing Initiative made great progress toward its ambitious outcomes, the focus on

measuring only the ten Board-approved outcomes seems to have excluded examination of other impacts that also occurred. It also may have precluded proactive attention to ways in which the Initiative could have leveraged its successes to achieve even broader impacts (e.g., regulatory and policy changes).

Effectiveness of the Initiative's design: The design elements of the Initiative were important in contributing to its success, with particular aspects being especially crucial drivers. Collaborative efforts, supported by the Initiative, effectively enhanced grantees' progress toward the ten Board-approved outcomes. The regional focus allowed close relationships to form among grantees as well as between grantees and Foundation staff, which facilitated cross-organizational collaboration and allowed staff to become familiar with the context in which grantee organizations were working. Although national experts, technical assistance providers, seminal research and evidence-based best practices were brought into the region to benefit the Initiative's grantees, there was disproportionately less sharing in the opposite direction.

The Initiative's expectations of grantees around measurement and data, while much higher compared to the requirements of most foundations, were key to the documentation of progress toward the ten Board-approved outcomes and contributed in multiple ways to the Initiative's success. They also helped to build the capacity of hospitals to respond to other data requests that have emerged in recent years due to changes in the healthcare landscape (e.g., Affordable Care Act, new Centers for Medicare & Medicaid Services requirements). While the benefits generally seem to outweigh the challenges, there are some exceptions in which the data requirements were more burdensome than necessary.

The attention to evidence-based practices is aligned with the philosophies of many foundations, that is, the expectation that grantees will not waste time or funds on untested interventions. The Initiative gained significant results from its two-pronged approach to evidence-based practices—first, by pushing Initiative grantees to understand and use tested approaches, and second, by providing supports for the implementation of these practices. While innovation, in and of itself, was not explicitly part of the Initiative's design, it was desired by some and showed up in the different ways that grantees successfully applied evidence-based practices in their particular contexts. Given the fact that many evidence-based practices are so new, it would have been beneficial to have greater support for innovation and for sharing successful efforts with the field.

Effectiveness of Initiative implementation: A particular strength of the Nursing Initiative was the thoughtful and methodical way that staff pursued their work, effectively implementing each of the Initiative's key strategies. The Initiative's approach was carefully articulated and documented and used consistently as a guide for its work. The use of non-monetary, multi-modal supports to complement grants, with an intentional sequencing and connection between supports, is a philanthropic best practice that contributed to Initiative impacts.

Particularly important aspects of the Initiative's implementation include the staff's work facilitating conversations and connections across organizations, allowing grantees to choose the models or issues that were the best match for their particular situation (e.g., choosing a specific adverse patient outcome to focus on, adapting models as needed to specific environments), and enhancing key conditions for sustainability (e.g., looking for the business case or financial incentives of the work). The practice of engaging organizational leadership and requiring institutional commitments of matching funds was particularly instrumental, not only to support the funded work but also to ensure continuation of projects after the Initiative support ended. This was also helped by the prestige of the Foundation and the close proximity of grantee organizations which allowed for in-person visits. Despite successes in this area, there seems to be room for even more involvement from Initiative staff with organizational leaders, both at the start of a project and throughout its lifetime (e.g., updates to the executives, sharing of data), as well as building relationships with other key leaders who may not receive Foundation support but are in a position to positively contribute to or leverage Initiative impacts. Also, while the Nursing Initiative staff were very competent and received very high marks from grantees, Foundation staff and key stakeholders, there was a noticeable amount of staff turnover and lack of consistent staff with direct nursing experience.

The Nursing Initiative's current robust dissemination strategy is impressive and is building on earlier, more limited, dissemination efforts. While grantees and key stakeholders could typically point to at least one Initiative-level impact, the fact that a substantial number of the stakeholders identified the Betty Irene Moore School of Nursing at University of California, Davis as one of the most important impacts of the Nursing Initiative but could not describe the Initiative's overall approach, points to the absence of an Initiative-wide communication and dissemination strategy. The earlier implementation of such a strategy could have facilitated the Initiative gaining national exposure that could have further enhanced its achievements and benefitted others outside of the region.

The Nursing Initiative's sharp measurement focus and the thoroughness applied by staff and grantees in tracking progress toward the ten Board-approved outcomes represent a level of rigor that is not typical in other philanthropic efforts. The resulting data have fed into this assessment and other efforts that speak to the Initiative's impact; however, given the size and length of this initiative, the development and implementation of an ongoing evaluation was warranted and could have built upon these data as well as the many other types of information collected by the Nursing Initiative (e.g., grant reports). This would have ensured more intentional and systematic efforts to assess progress, outcomes and lessons learned to benefit Foundation staff, grantees and other relevant stakeholders on an ongoing basis.

Recommendations

Given the above reflections, we offer the following recommendations. While these recommendations are based on the experience of and learnings from the Nursing Initiative, they are also applicable to other work within the Foundation.

1. Continue to support collaboratives as a way to enhance the impacts of grants and other initiative supports.
2. When working within a defined region, design opportunities for bidirectional exchanges with other efforts at the national level from the start of an initiative.
3. Expand data collection and measurement to capture a broader array of initiative outcomes and impacts, as well as the processes through which they were reached.
4. Continue to ensure that measurement requirements match the size and scope of the grant projects and capacity of grantee organizations.
5. Leave more intentional room in the design of initiatives for grantees to innovate when they adapt evidence-based practices for their specific organizations and environments.
6. Ensure a consistent presence of staff with appropriate technical experience and expertise throughout the lifespan of an initiative.
7. Continue to use multi-modal supports to complement and augment impact.
8. Enhance an initiative's capacity to serve as a connector to a broader sphere of influence as well as with and across individual grantee organizations.
9. Develop a communication and dissemination strategy toward the start of an initiative.
10. Implement evaluation and learning efforts throughout the life cycle of an initiative.

Introduction

Betty Irene Moore's experiences as both a caregiver and a hospital patient deepened her appreciation for the critical role that nurses play in providing patient care. Through these experiences, she developed a vision for empowering nurses to become strong leaders in the bedside care and safety of patients. Her vision was put into action through the Gordon and Betty Moore Foundation's Betty Irene Moore Nursing Initiative (the Nursing Initiative). Over the past ten years, the Gordon and Betty Moore Foundation (the Foundation) invested substantial resources, time and effort to improve nursing-related patient outcomes in local San Francisco Bay Area adult acute care hospitals.¹ As the Nursing Initiative comes to a close in December 2015, the Foundation is interested in learning about its effectiveness and impact. In March 2014, the Foundation partnered with Informing Change to conduct an assessment of the Nursing Initiative. In this report, we provide:

- A summary of the Nursing Initiative's history, including its initial design and key changes over time;
- An overview of Informing Change's assessment;
- A brief description of the Nursing Initiative philanthropic approach;
- A summary of the Nursing Initiative's approach to each strategy, as well as grantees' progress toward Initiative objectives;
- An examination of key factors that influence grantees' projects and sustainability;
- A review of the Nursing Initiative's progress toward the Board-approved outcomes;
- A deeper look at how six grantees implemented their work;
- A synthesis of stakeholder reflections on the Nursing Initiative's broader impact, as well as the Nursing Initiative's design and implementation; and
- An assessment of the strengths of the Nursing Initiative, areas that could have been improved and recommendations for the Foundation's work moving forward.

DESIGNING THE NURSING INITIATIVE

Foundation staff began conceptualizing the Nursing Initiative with Betty Moore's vision in mind. The Foundation, which had only recently been established in 2000, decided to use this opportunity to develop one of their first funding initiatives with a set commitment of investments and expected outcomes, a defined time period, and dedicated staff assigned to key strategies. The launch of the Nursing Initiative marked the Foundation's first foray into the healthcare field, adding to its existing programs in environmental conservation and scientific research.

¹ The San Francisco Bay Area region includes the following five counties: Marin, San Francisco, San Mateo, Santa Clara and Alameda. The geographic focus of this work was later expanded to include counties in the Greater Sacramento area: Amador, Nevada, Placer, Sacramento, Solano and Yolo.

Foundation staff began the process of developing a plan for the Nursing Initiative by launching an 18-month investigation that included commissioning research, gathering input from experts and healthcare leaders across the nation, and compiling a list of potential grantees. They wanted to learn about the nursing field and the current status and needs for nursing and patient safety. Through this process, they determined the following:

- **Preventable medical errors were widespread in hospitals, and patient safety was a key issue being discussed in the healthcare field** — In 1999, the Institute of Medicine reported that up to 98,000 people died in United States hospitals each year due to preventable medical errors.² In addition to patient mortality due to hospital errors, other avoidable complications (e.g., pain, permanent disability) were common. In all of these areas, San Francisco Bay Area hospitals' average performance was below national benchmarks.³
- **Nurses played a critical role in patient safety** — Given that nurses are the largest workforce in hospitals, providing approximately 95% of patient care,⁴ patient outcomes in acute care hospitals often depended on nurses' knowledge, skills and time with the patients. According to research published in *The New England Journal of Medicine* and *The Journal of the American Medical Association*, negative patient outcomes decreased as nursing capacity and experience increased.^{5,6}
- **Nurses' skills did not always reflect the most current evidence or best practice** — Technologies and hospital environments had changed substantially and at a rapid pace (e.g., advances in health information technology, managing more complex patient conditions) and the established nursing workforce was not always adequately trained in using new technology and applying recent best practices. While newly-licensed nurses may have had strong theoretical skills and greater comfort with technology, they often lacked adequate clinical experience and skills.
- **The nation, and the San Francisco Bay Area, was facing an impending shortage of nurses** — The anticipated shortage was approximately 126,000 nurses, with a prediction for it to significantly increase over the years. In particular, heavy workforce attrition was expected as the Baby Boomer generation started to retire without enough younger nurses entering the workforce to replace them. In California, the nursing shortage was particularly striking with predictions of a 21% vacancy in all nursing positions by 2010 if no intervention was implemented.⁷ The state faced not only an impending retirement of highly-skilled nurses, but high attrition rates among younger nurses entering the workforce because of inadequate training on clinical skills, a lack of practical experience and their dissatisfaction due to the disconnect between education and practice. In addition, nursing schools had severely limited capacity to train more nurses. This shortage of well-educated nurses in hospitals was seen as a threat to quality patient care and safety.

“In the early days, we were on a steep learning curve concerning nursing, so we engaged nurse leaders to help us.... We sought expert opinions on what was happening in the field.”

— Foundation staff

² Corrigan, Janet, et al. *To Err is Human: Building a Safer Health System*. Washington, DC: National Academy Press, 1999.

³ Gordon and Betty Moore Foundation. Betty Irene Moore Nursing Initiative Plan. Palo Alto: Kim, Helen, et al. 2005.

⁴ Magnet Hospitals Revisited, American Academy of Nursing, 2002.

⁵ Needleman, et al. "Nurse-Staffing Levels and the Quality of Care in Hospitals." *The New England Journal of Medicine* 346.22 (2002).1715-1722. Print.

⁶ Aiken, Linda H, et al. "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction." *Journal of the American Medical Association* 288.16 (2002): 1987–1993. Print.

⁷ U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis. Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020. 2002. Web. Accessed May 13, 2014.

Based on this research, Foundation staff developed certain assumptions on which to base their theory of change and design of the Nursing Initiative. Working within the Foundation’s overall scope with the guidance of the Board of Trustees and incorporating the research findings, Foundation staff designed the Nursing Initiative’s six core elements:

- **Nurse-focused:** Focusing on adding frontline nurses (i.e., nurses who work at the bedside of patients) to the workforce and improving their education and skills was seen as vital to patient safety and was anticipated to improve the quality of care in hospital settings.
- **Hospital-focused:** Focusing on adult acute care hospitals was of particular interest to the Foundation founders and the Board of Trustees; they believed that focusing on hospital systems and culture was a particularly important aspect of having an impact on nurses’ effectiveness.
- **Evidence-based:** Promoting evidence-based practices for nurses to integrate into their day-to-day work was thought to ensure effective and standardized processes, thus mitigating mistakes and dangerous situations and improving patient safety and outcomes.
- **Collaborative:** Supporting organizations to collaborate was intended to help them learn from each other, increase capacity, enhance knowledge to carry out programming and stimulate changes within hospitals.
- **Regional:** Working within a defined geographic area would ideally allow any patient entering a San Francisco Bay Area hospital, and eventually Greater Sacramento area hospital, to receive high-quality care.
- **Measurement- and data-focused:** Integrating measurement and data guidelines throughout the Nursing Initiative would help determine evidence of progress toward improved patient outcomes, measure progress toward grant outcomes, and inform program priorities and strategies.

Within the Foundation, the Board of Trustees uses a “four filter” system to vet and assess its potential investments (see box). The staff pitched an initial plan for the Nursing Initiative to the Trustees that proposed using two key strategies: 1) creating a larger and better prepared nursing workforce and 2) promoting more effective nurse practices within hospitals to avoid preventable patient mortality or complications. In 2003, the Board of Trustees approved initial funding for the Nursing Initiative’s implementation. To measure the impact of the Foundation’s investment, the Board of Trustees worked with the staff to establish a set of key outcomes that they expected to occur over the course of the Nursing Initiative.

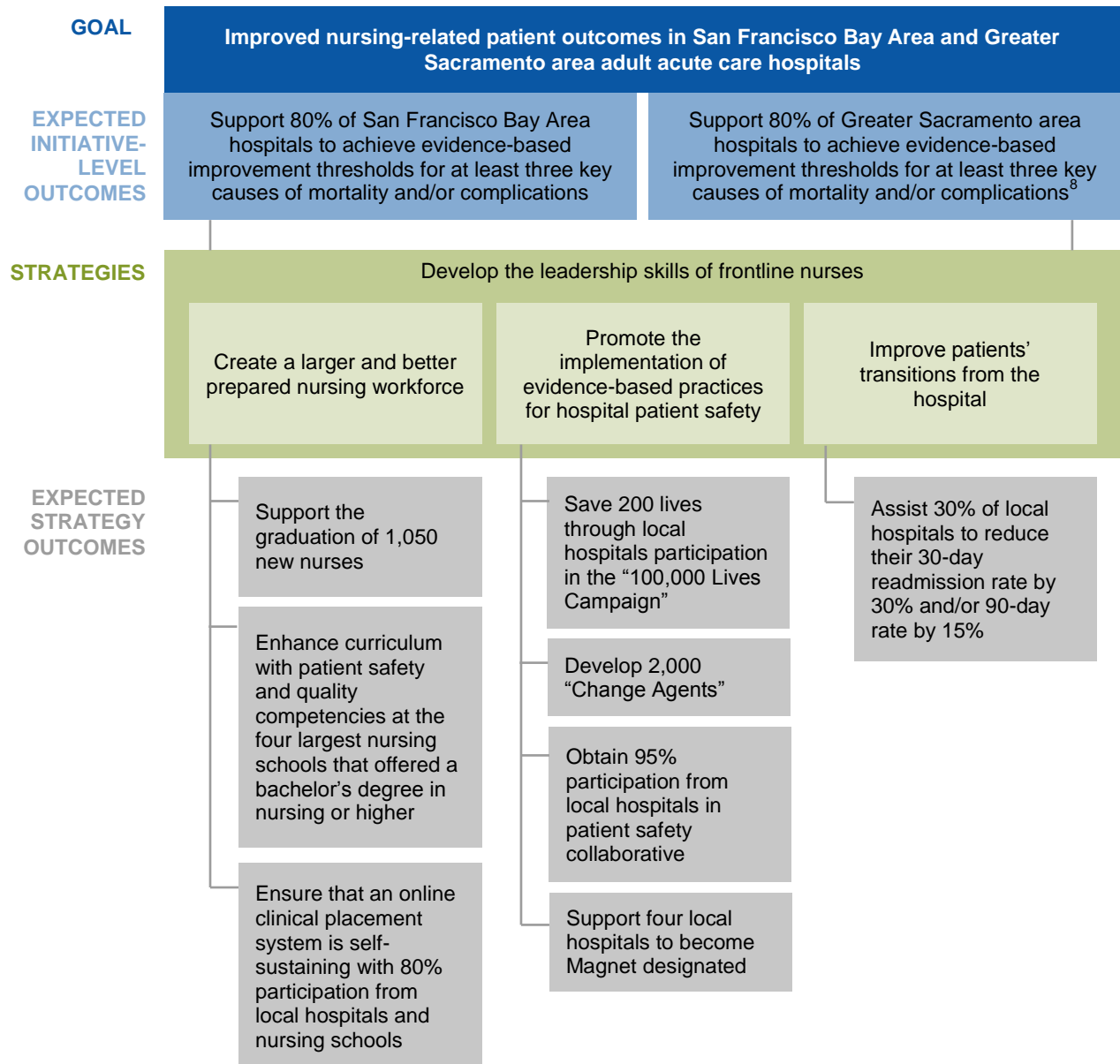
THE FOUNDATION’S FOUR FUNDING FILTERS

- Importance: Is this work important?
- Impact: Can this work make a difference and have an enduring impact?
- Measurable: Can the outcomes of this work be measured?
- Portfolio: Does this work align with other investments and strategies?

THE CURRENT NURSING INITIATIVE MODEL

While the Nursing Initiative’s strategies and emphasis have evolved since the Board of Trustees first approved funding for the Initiative, it has continued to strive toward its ultimate goal to improve nursing-related patient outcomes. Over time, the Initiative evolved to use a few key strategies to guide their work: 1) creating a larger and better prepared nursing workforce, 2) promoting the implementation of evidence-based practices in hospitals, and 3) improving patient transitions from the hospital. The Nursing Initiative staff encouraged and supported efforts to enhance frontline nurses and clinicians’ leadership skills and motivation across the Initiative strategies. Over time, they acknowledged this as a more explicit overarching strategy that helped them move toward their goals (Exhibit 1). Two key measures of success for the overall Initiative are proving that 80% of the hospitals in the San Francisco Bay Area and the Greater Sacramento area, respectively, meet evidence-based improvement goals for at least three causes of mortality and/or complications. Although the Nursing Initiative was not intended to have a national impact within the ten-year timeframe, the Board of Trustees hoped that if the data proved successful the regional model could be replicated across the nation.

Exhibit 1
**The Betty Irene Moore Nursing Initiative's
Goal, Key Strategies & Expected Outcomes**



⁸ The original timeline for this outcome was set for 2017 (ten years after the Greater Sacramento area approach was approved). In 2011, after the decision was made to exit the Initiative, this timeline was shortened to 2015. Therefore, the Chief Program Officer of the Nursing Initiative reframed this outcome to consider it a success if a total of 39 evidence-based improvement thresholds were met across all the Greater Sacramento area hospitals.

EVOLUTION OF THE NURSING INITIATIVE

Over its ten-year history, the Nursing Initiative shifted in response to external and internal factors. Some of these changes resulted in updates to the Nursing Initiative's funding or timeline (see box), while others represented a shift in focus or emphasis. All of the key changes were approved by the Board of Trustees with the exception of the Nursing Initiative's expansion to work with interdisciplinary teams. These changes are described in more detail in the subsequent paragraphs and in Appendix A.

SUMMARY OF KEY CHANGES TO THE NURSING INITIATIVE

- 2005: \$14 million extension to improve discharge planning for high-risk elderly patients with congestive heart failure, which then expanded to a broader transitional care approach
- 2007: \$30 million and ten year expansion to include hospital systems in the Greater Sacramento area in the Initiative's hospital patient safety strategy
- 2009: Re-prioritized emphasis on better preparing nurses in addition to increasing the number of nurses
- 2009: Began engaging interdisciplinary teams to help facilitate better patient safety and clinical quality
- 2009: Shifted measurement of outcomes from the Initiative "Report Card" to measures that more closely reflected the expected outcomes
- 2012: Foundation leadership made the decision to end the Nursing Initiative by December 2015
- 2012: \$7 million allocated for implementing an exit strategy
- 2013: \$7 million for dissemination of learnings and models

Soon after the Nursing Initiative began its first grants in 2005, \$14 million was allocated to the Nursing Initiative to improve discharge planning for high-risk elderly patients with congestive heart failure. This was a timely change given the expected influx of senior patients at hospitals. In addition, Betty Moore had an interest in elder care and the new line of work was a natural extension of the Initiative's investment made in hospitals to date. Few discharge plans were being used in local hospitals, and the available resources were typically insufficient to help high-risk patients transition successfully from acute care hospitals to their homes or other care settings. Transition periods often resulted in patients being discharged before the full effect of treatment was evident and before patients and their caregivers understood their illness and treatment plan. These problems in transitional planning and care often resulted in avoidable re-hospitalizations and were becoming more important due to hospital reimbursement guidelines.

"The Nursing Initiative went in with a thoughtful model, but adaptations were needed and they recognized that. It was done in a way that allowed the Initiative to evolve based on its initial learnings."

– External stakeholder

The Nursing Initiative staff recognized a significant opportunity for leveraging their investments in building the capacity of frontline nurses and improving patient safety to benefit the discharge planning processes and resulting outcomes. Over time, the strategy expanded from improving in-hospital discharge processes to taking a broader transitional care approach (e.g., addressing social determinants of hospital re-admissions, engaging caregivers external to the hospital) and including all high-risk patients, regardless of diagnosis, in addition to heart failure patients. While the Nursing Initiative's funding remained focused on adult acute care hospitals, grantees began partnering with other entities (e.g., assisted living facilities, community-based organizations) as part of their funded transitional care projects.

In 2007, the Nursing Initiative expanded to include hospital systems in the Greater Sacramento area with an additional \$30 million allocated over ten years. California hospitals continued to rank below the national average in terms of rates of preventable complications and mortality. Given the early success of the Nursing Initiative projects in the San Francisco Bay Area, along with national trends calling for greater quality improvement transparency, the Nursing Initiative staff proposed expanding the work to this new geographic area. They had assessed California's major metropolitan areas as potential regions for expansion and identified the Greater Sacramento area because of its high concentration of hospitals within systems (see box). Staff hoped that successful practices would more easily spread within the region due to this infrastructure. Sacramento hospitals also had significant opportunity for improvement, ranking low when compared to other regions in California.

EXPANSION TO GREATER SACRAMENTO HOSPITAL SYSTEMS

- Dignity Health*
- Kaiser Permanente Northern California
- Sutter Health
- UC Davis Health System

* Formerly known as Catholic Healthcare West

In 2009, when a nursing shortage no longer existed in California, the Nursing Initiative re-prioritized its emphasis to better prepare nurses by incorporating quality and safety education principles in San Francisco Bay Area nursing school curricula. While increasing the number of nurses *and* better preparing them for hospital settings had been key aspects of the work, the Nursing Initiative shifted its priorities due to this change in the external environment. A few key factors, both internal and external, contributed to reducing the nursing shortage. First, by 2009, the Nursing Initiative had already supported approximately 1,100 new nurses in the San Francisco Bay Area, accounting for more than half the growth of the area's nursing workforce.⁹ Second, the economic recession caused many experienced nurses to delay retirement. Third, potential hospital patients were delaying medical procedures in response to the recession, which led hospitals to curb nurse hires. Although the Nursing Initiative's goal of reducing the nursing shortage in the area was met, enhancing skills and competencies among existing and new nurses was still essential to improving hospital practices.

In 2009, the Nursing Initiative staff recognized that a team of professionals ranging from nurses and physicians to pharmacists and caregivers is needed to most effectively improve patient outcomes. The trend toward team-based care was gaining traction in the healthcare field, and the value of the approach became particularly apparent when the Integrated Nurses Leadership Program (the INLP), a Nursing Initiative project, decided to tackle sepsis mortality in hospitals. They saw that while nurses could conduct more rigorous screening for sepsis, physicians needed to order the treatment. The Nursing Initiative and the INLP continued to support nurses as the center of change in hospitals, but they began engaging other professionals as part of interdisciplinary teams that included nurses. The goal was to help facilitate better patient safety and clinical quality, especially as hospitals took on more complex issues (e.g., glycemic control, sepsis mortality) that involved responsibilities beyond nursing.

“The landscape is dynamic. The Nursing Initiative is not a static thing. It lived through dramatic changes. It might not have been by design, but they did ride with the tide.”

– Grantee

⁹ Gordon and Betty Moore Foundation. (2009). *Betty Irene Moore Nursing Initiative (BIMNI) Initiative Strategic Review (ISR) November 2009*. Palo Alto.

Initially, hospital claims data was used to measure Nursing Initiative grantee outcomes; however, in 2009, the Nursing Initiative switched to a grant-level measurement of outcomes. When the Nursing Initiative launched, staff employed a formally structured “Report Card” to track and demonstrate changes in hospital patient outcomes over time. The Report Card tracked data on preventable complications and errors, patient experience, hospital-based care mortality, and indicators of sustainability (e.g., best practice adoption, organizational culture). At the time, many of the quality improvement measures had been endorsed by the National Quality Forum. However, once hospital systems began using the Report Card, staff realized the difficulties of obtaining timely and accurate data.

In 2009, external evaluators confirmed these challenges and recommended that the Nursing Initiative stop using the Report Card and shift to a new measurement strategy. The Nursing Initiative responded by shaping measures that more closely reflected the expected outcomes and setting new thresholds for each improvement area (e.g., 15% improvement in sepsis mortality) based on research and expert advice. Throughout the course of the Nursing Initiative, the expected outcomes were adjusted slightly, each time with Trustee approval, to reflect learnings, the evolution of the work and the environment in which the Nursing Initiative was working. This included reducing some outcome targets due to the economic recession and hospital financial performance, adding outcomes to align with broader shifts in strategy, and shifting some language due to changes in measurement systems (see Appendix A).

In 2010, the Nursing Initiative staff began assessing the Initiative through the Foundation’s formal Initiative Life Cycle Management Process. Through this process, staff assessed progress made in both the San Francisco Bay Area and Greater Sacramento area. This included culling learnings about the experience, gathering input from experts and stakeholders, conducting an environmental scan and identifying future opportunities. The outcome of this process was to present one of three options to the Trustees, to either: 1) exit the Nursing Initiative, 2) re-commit to the Nursing Initiative in its current form, or 3) reframe the Nursing Initiative and make strategic adjustments. In 2011, the staff prepared to present their recommendation to “reframe” the Nursing Initiative to the Board of Trustees. However, Foundation and program leadership decided not to move forward with the recommendation that was developed through the Initiative Life Cycle Management Process; instead they recommended that the Foundation exit the Nursing Initiative.

After the decision to exit was made, the Foundation allocated an additional \$7 million to help grantees sustain and continue their work. Another \$7 million was allocated for the Nursing Initiative to disseminate learnings and models as it wound down its funding. The staff moved forward with a process of purposefully ending the Nursing Initiative. While they are currently continuing to implement and monitor the transitional care strategy in the San Francisco Bay Area and the hospital patient safety strategy in the Greater Sacramento area, they are also distributing funds to exit and disseminate their work that has been completed to date. As the Nursing Initiative comes to a close, the Foundation is interested in leveraging learnings and successes to apply to its recently launched Patient Care Program. This program expands the focus beyond nurses and beyond the San Francisco Bay Area to engage patients and their families within a redesigned healthcare system.

About the Assessment

This section provides an overview of Informing Change's assessment process, including details about the assessment's goals, data collection methods, as well as its strengths and weaknesses. Further assessment details are located in Appendices B and C.

OVERVIEW

In March 2014, the Foundation contracted with Informing Change to conduct an external final assessment of the Nursing Initiative. The purpose of the Nursing Initiative final assessment is five-fold:

1. To provide an overview of the history and evolution of the Nursing Initiative;
2. To document and share the Nursing Initiative's grantee outcomes, including successes and challenges in reaching these outcomes;
3. To assess the Nursing Initiative's impact beyond the ten Board-approved grant outcomes;
4. To assess the Nursing Initiative's design and implementation, including strengths and the areas that could have been improved; and
5. To provide lessons learned from the Nursing Initiative to inform the work of the Foundation and others who support similar efforts.

As described by the Nursing Initiative request for qualifications, the overall goal of the assessment is to develop a credible and compelling summary of the Nursing Initiative's approach, impact and key learnings, both for Foundation staff and the Trustees as well as to share externally with relevant audiences. While the final assessment is expected to be thorough, objective, balanced and well-founded, it is not a formal audit of all outcomes, grants and projects.

At the launch of the Nursing Initiative assessment, Informing Change identified key areas of inquiry on which the assessment questions were developed. In the box on the next page, each of the five final assessment questions are listed with a number of further-defined sub-questions that guided the assessment in all of its phases.

ASSESSMENT QUESTIONS

In what ways did the Nursing Initiative unfold, why and when?

- What was the impetus and vision for the Nursing Initiative, and what factors shaped its strategic approach?
- What evolved over time, and what was the rationale for changes to the Nursing Initiative?

How was the Nursing Initiative implemented?

- How did the Nursing Initiative staff support grantees?
- In what ways did grantees use the Nursing Initiative's support to bring about desired changes?
- What were the key challenges and facilitating factors influencing successful implementation at the grantee, strategy and initiative level?

What were the results?

- What were the outcomes of the Nursing Initiative among frontline nurses and clinicians, their organizations, and patient care?
- What impact did the Nursing Initiative have beyond the individual grants?
- In what ways did outcomes and impacts vary, and why?
- What conditions are in place to support lasting results?

How well did it go?

- To what extent was the Nursing Initiative relevant and aligned with needs in the healthcare field and the resources and strengths of the Foundation?
- How effective were the Nursing Initiative's design, support and approaches?
- How effective were the changes and adjustments to the Nursing Initiative over time?
- How well did the achievements of the Nursing Initiative align with expectations?
- In what ways could the Nursing Initiative have been strengthened?
- What are the advantages and disadvantages of the Foundation's decision to exit the Nursing Initiative?

What was learned that should be shared, and with whom?

- What learnings about the Nursing Initiative's design, implementation, outcomes and exit should be shared with internal and external audiences?
- What target audiences could most benefit from the Nursing Initiative's lessons learned?
- What types of products would best promote the application of learnings?

Informing Change obtained input from multiple individuals at different points throughout the assessment to ensure high-quality processes and products. This included input and guidance from the Foundation's Learning and Evaluation staff and Nursing Initiative staff, a foundation-established Steering Committee, and a panel of Knowledge Advisors who worked directly with Informing Change. For further details on these individuals and groups and the ways in which they were involved in the assessment, please see the box below, as well as Appendices B and C.

FOUNDATION-ESTABLISHED ASSESSMENT STEERING COMMITTEE

- Vicki Chandler, Chief Program Officer for Science, Gordon and Betty Moore Foundation
- Kristen Moore, Board of Trustees, Gordon and Betty Moore Foundation
- Mary Naylor, Professor in Gerontology, Director of New Courtland Center for Transitions and Health, University of Pennsylvania School of Nursing

DATA COLLECTION METHODS

This two-phased assessment took a multi-method approach to answer the assessment questions, incorporating qualitative and quantitative data collected through a grantee survey; interviews of grantees, Foundation staff—both current and former staff—and external stakeholders; and a review of documents provided by the Nursing Initiative and, at times, grantees.

Document review and select interviews were conducted during Phase I of the assessment. An interim Phase I deck verified the accuracy of Informing Change’s understanding of the Nursing Initiative’s work to date and guided decisions about focus areas for Phase II of the assessment, in which Informing Change conducted most of the primary data collection, including administering a grantee survey, conducting interviews that built upon those conducted in Phase I, and reviewing the Initiative and grantee reports and materials, as relevant. This final report draws on data collected and analyzed throughout both Phases I and II of the assessment.

Grantee Survey

Informing Change administered a confidential, online survey to grantees who received at least one grant from the Nursing Initiative between 2004 and 2014 under the nursing workforce, hospital patient safety and/or transitional care strategies, or the standalone allocation¹⁰. Due to the size of the organizations and staff knowledge of the various grants, multiple grants that were related to each other (e.g., planning grant, implementation grant, dissemination grant) were grouped into “projects” (i.e., specific areas of work) in which one respondent was asked to reflect within the grant section of the survey. Informing Change sent the survey to one primary contact for each project, and only one survey response was collected for each project. If a respondent received grants for multiple projects, they were asked to reflect on each project separately. Given the size and length of many projects, primary contacts were encouraged to include others within their organization in responding to the survey. The survey remained in the field for approximately five weeks, from the end of June 2014 through the end of July 2014.

ASSESSMENT METHODS

Document Review

Reviewed more than 100 documents about the Initiative, including reports to the Board of Trustees and presentations, select grant summaries and reports, and grant and outcomes data tracking files

Grantee Survey

Administered a confidential, online grantee survey which achieved a 66% response rate (72 of 109 valid grantee contacts), representing 70% of all Nursing Initiative funding

Interviews

Conducted 78 interviews with various informants, including:

- 46 grantees,
- 18 external stakeholders and
- 14 current or former Foundation staff

Profiles

Collected more in-depth information to develop six profiles of select grantee experiences to highlight how the Nursing Initiative-supported projects achieved their outcomes

Knowledge Advisors

Engaged a panel of Knowledge Advisors to provide in-depth content expertise to the Informing Change team, including:

- Janis Bellack, MGH Institute of Health Professions
- Amy Boutwell, Collaborative Healthcare Strategies
- Charles Bosk, University of Pennsylvania
- Frank Federico, Institute for Healthcare Improvement

¹⁰ The standalone allocations are grants that are related, but not tied, to the specific strategies and Board-approved outcomes of the Initiative. More information is provided on page 15.

The survey achieved a 66% response rate (72 of 109 valid email address responses) at the individual respondent level and represented 70% of total Nursing Initiative funding (\$126,610,650). The survey responses represent 64% of all Nursing Initiative-supported projects (102 of 159), with some variation across the Nursing Initiative strategies, as shown below:

Strategy	Response Rate
Nursing Workforce	73%
Hospital Patient Safety	55%
Transitional Care	79%
Standalone	67%
Total	64%

Throughout the report, “N” refers to the number of responses for each survey question; the N may vary in the exhibits or question prompts due to the survey’s question logic and the analysis methodology (see Appendix B).

Interviews

As a complement to the mostly quantitative survey, Informing Change conducted 78 phone interviews with 80 people from March through the start of September 2014 to collect qualitative data from a range of stakeholders. For a complete list of interviewees see Appendix C. The interviewees were selected by Informing Change with input from advisors and included Nursing Initiative grantees, Foundation staff—some of whom worked directly on the Nursing Initiative—and external stakeholders. Grantees selected for interviews represented each of the Initiative strategies. External stakeholders were familiar with the Nursing Initiative but were neither Foundation staff nor Nursing Initiative grantees. External stakeholders’ familiarity with the Initiative was gauged at the time of the interview, providing a data point for the assessment. Stakeholders provided field-level knowledge, historical context of the Nursing Initiative and insights about the Nursing Initiative’s broader impact at multiple levels. Additional interviews were conducted, as needed, to further develop the grantees’ profiles that appear on pages 42–49.

Document Review

Informing Change conducted an initial review of the Nursing Initiative’s extensive existing documentation and data to better understand the Nursing Initiative at the launch of the assessment. This included a review of reports to the Board of Trustees and a variety of internal tracking spreadsheets to better understand the evolution of the Nursing Initiative and progress toward Board-approved outcomes. Prior to conducting interviews, Informing Change staff reviewed grant summaries from interviewees’ organizations. Additional documents, including grant reports, were reviewed to write the six grantee profiles that highlight more in-depth aspects of the Initiative.

Analysis

Informing Change’s analysis was designed to identify key impacts and capture common themes without losing important nuances in the data. We sought to answer not just the nature of the change, but to better understand the relationships between the Foundation’s support and outcomes, the relationships between different aspects of the Initiative, as well as what works and what could be improved. More detailed information about the analysis process is available in Appendix B.

ASSESSMENT LIMITATIONS

Five limitations to the assessment should be considered while interpreting findings.

- **Informants' Recall:** As a retrospective assessment, looking back over a decade-long initiative, both the Foundation and the grantee organizations have gone through multiple staff transitions. There was some difficulty in contacting the best staff members to report on their Nursing Initiative-supported work. For some grantees, their memory was tested by long lengths of time since their Nursing Initiative grants ended, with some of them reporting that they were not the original staff members who worked on the grant.
- **Different Grant Terms and Timeframes:** Grantee respondents were at varying points in their Nursing Initiative-supported work; some had completed their grant terms, while others are still working toward their objectives. While this enabled a multitude of perspectives to be represented, it did not allow for all grantees to reflect and provide feedback from a standardized perspective.
- **Attribution:** With the exception of most of the Board-approved outcomes, this assessment cannot confirm attribution of impacts to the Nursing Initiative. A more rigorous assessment design (e.g., case-control) would be needed to confirm attribution, which was not possible within the scope of the assessment, nor would it make sense given this type of intervention. As a result, findings must also take into account other factors that facilitate progress toward achieved outcomes, such as funding sources outside the Foundation that support similar efforts to the Initiative and federal incentives to improve outcomes (e.g., from the Centers for Medicare and Medicaid Services). Given this context, the assessment can only suggest the contribution that the Nursing Initiative made to outcomes and impacts.
- **Assessment Timeframe:** The assessment timeline was a constraining factor. Given the length and complexity of the Initiative, as well as the size of its investment, more time to further explore and assess the Initiative would have been warranted.
- **Self-reporting:** All data collected through the survey and interviews are self-reported and, as a result, may present some bias. However, the range of stakeholders and grantees included in these data collection efforts allows for multiple perspectives on similar issues and areas of inquiry. Secondary data review, especially data focused on the Nursing Initiatives' ten main outcomes and grant summaries, are important supplements to the survey and interview data.

Despite these limitations, the assessment is supported by a number of strengths. First, the grantee survey achieved a high response rate, capturing nearly two-thirds of Nursing Initiative grantees' perspectives. Additionally, the interview sample for the assessment was large. The large sample represented in both the survey and interview data presents a variety of view points, including grantees in each of the strategy areas, grantees from throughout the time span of the Initiative, external stakeholders who are experts in areas relevant to the Initiative, as well as current and former Foundation staff. Although data do not capture the perspective of all grantees, we feel findings are generally representative of the Nursing Initiative overall. Second, the assessment used multiple methods to assess the Nursing Initiative. This enabled Informing Change to triangulate findings to reach conclusions supported by multiple data sources and differing perspectives (e.g., Foundation staff, grantee, external stakeholder). Finally, Knowledge Advisors provided content expertise and feedback throughout the assessment, ensuring alignment with the current state of the nursing workforce, patient safety at adult acute care hospitals and transitional care.

The Nursing Initiative's Philanthropic Approach

The Nursing Initiative took a distinct, outcomes-focused, multi-modal approach to work toward its goals. Working from Betty Moore's vision of enhancing patient safety through frontline nurses, staff drew on national expertise to design the Initiative and support implementation of best practices and models at the local level within two defined regions. They looked to Betty Moore's vision to guide their work and partnered closely with grantees to impart ideas, develop projects, and address unexpected challenges or opportunities. In this section, we draw primarily from Nursing Initiative documents, interviews and surveys to describe how the Nursing Initiative engaged with and supported grantees to make change.

KEY CHARACTERISTICS OF THE NURSING INITIATIVE'S PHILANTHROPIC APPROACH

- Engaged potential grantees and helped interested organizations get ready to apply for funding
- Worked collaboratively with grantees to develop and refine proposed projects
- Provided funding for grant projects as well as other non-monetary support to grantees, such as collaboratives, external trainings and technical assistance, convenings and more
- Engaged national experts in the design of the Initiative, and organizational leaders and key stakeholders, both within and outside of the San Francisco Bay Area and Greater Sacramento area, during the implementation of the Initiative
- Disseminated learnings, models and best practices from the grantees' projects, as well as from the Nursing Initiative itself
- Communicated with grantees about the closing of the Initiative and provided funding to support the sustainability of grantee projects and outcomes

Engaging Potential Grantees in Projects

Nursing Initiative staff encouraged and prompted adult acute care hospitals and/or nursing schools in the regions to apply for funding to make improvements. They did not take unsolicited grant requests, but those organizations that were willing to engage in the work were offered the opportunity to apply for grants.¹¹ The Nursing Initiative did not base grantmaking decisions on previous performance or financial need; they funded both well-resourced organizations and under-resourced organizations, as well as high- and low-performing

¹¹ This evolved over time. While the Nursing Initiative primarily funded organizations in the San Francisco Bay Area and Greater Sacramento area, they also funded some organizations outside of the selected counties to support the local work.

organizations. Their grantmaking philosophy was to involve a variety of stakeholders in making improvements in order to increase the level of patient care in the two regions. They also hoped that engaging all local hospitals and nursing schools would create an environment of peer learning and sharing.

Working Collaboratively with Grantees

Nursing Initiative staff worked in close partnership with grantees to develop and refine projects so that the projects aligned with the ultimate goal of the Nursing Initiative. Working with a range of organizations (e.g., large academic hospitals, small community hospitals), the program officers would sit down with grantees, present the broad issue they were trying to address (e.g., not enough nurses in the workforce, poor inpatient patient outcomes, high readmission rates) and hold discussions with grantees about what they wanted to accomplish in response to these problems. Throughout this process, staff communicated and clarified the Foundation’s vision and needs (e.g., using evidence-based practices, measuring outcomes). Staff would often suggest ideas or push grantees in their thinking and grant development. They would bring evidenced-based practices and models (e.g., evidence-based care bundles,¹² transitional care models) or support specific ideas or approaches to address issues (e.g., looking at the social determinants of transitional care issues, proposing an acceleration of nursing education programs). The staff and grantees typically developed their detailed grant proposals and budgets in a collaborative manner; staff would then develop grant summaries that included outcomes the project was expected to deliver, strategies that would be used by the grantee to reach outcomes, rationale for funding the project, assumptions related to the grant funding, project fit within the broader Nursing Initiative’s theory of change, and identification of grant risks and mitigation strategies.

“Our program officer lobbied for many components during the grant writing process that have turned out to be good and wise recommendations.”

– Grantee

Throughout the grant period, the Nursing Initiative staff were in frequent communication with grantees to check in about project progress. They offered support, assistance and resources to achieve results. If grantees noted challenges or barriers, the staff worked to overcome them by asking probing questions to get to the heart of the problem, offering connections to experts and other organizations doing similar work, or helping to leverage or find other funding. The staff funded technical assistance through experts or “improvement advisors” to provide individualized assistance for grantees, including help with measurement. The Nursing Initiative staff held grantees accountable to grant proposals but allowed for some flexibility as issues came up in the work.

“The Nursing Initiative staff have not tried to be smarter than their grantees.... Some larger foundations provide funding but don’t allow the grantees to be the experts. That is a real strength of the Nursing Initiative.”

– External stakeholder

¹² The Institute for HealthCare Improvement defines a bundle as: “a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices—generally three to five—that, when performed collectively and reliably, have been proven to improve patient outcomes.” *Evidence-Based Care Bundles*. Institute for Healthcare Improvement, 2008. Web. 8 Sept. 2014. <<http://www.ihc.org/topics/bundles/Pages/default.aspx>>.

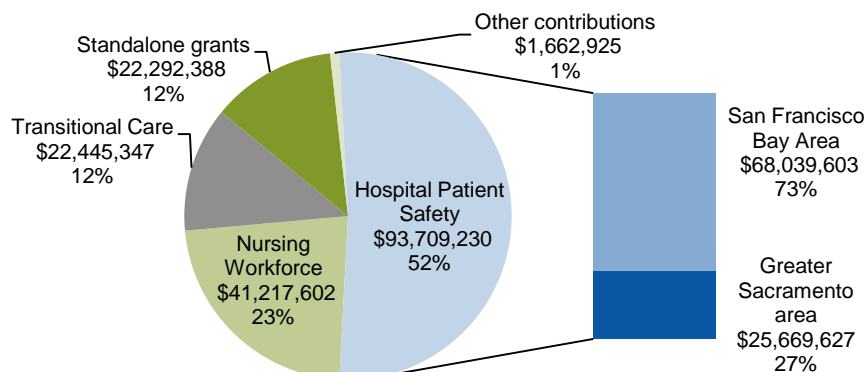
Funding Grant Projects

Once proposals were developed and it came time to fund the projects, the Nursing Initiative offered funds to pay for the projects, typically including sufficient funds for staffing and infrastructure costs. From March 2004 through April 2014, the Nursing Initiative distributed 312 grants to 118 organizations, totaling \$181,327,492, with approximately \$26 million invested in the Greater Sacramento area for the hospital patient safety and leadership strategy (Exhibit 2).¹³ The Nursing Initiative is still actively granting funds through its allocation and will close at the end of 2015. Currently, 31% of the grants are still active or committed and the Initiative is continuing to close current grants and focus on the “exit” and “dissemination” strategies discussed below over the coming year.

As of April 2014, \$4,751,816 has been granted through the exit fund and \$2,360,350 through the dissemination fund across the key strategies. Grant sizes have varied considerably. Ten exit grants were given, which ranged in size from \$50,000 to support a hospital seeking Magnet redesignation to \$2.2 million to support Vanderbilt University’s efforts to create a nursing workforce resource for the field; among the 12 dissemination grants, sizes ranged from \$2,500 to support a grantee presentation at a conference to \$685,000 for dissemination of a nursing leadership project.

The Nursing Initiative also had access to the Foundation’s “Nursing Standalone” allocation, which was outside the scope of the \$167 million approved for the Nursing Initiative. A total of \$159,035,104 was distributed through the Nursing Initiative allocation and, from 2006 through 2011, an additional \$22,292,388 was distributed through the standalone allocation. This allocation was a reserve set of funds that the Foundation saved until mid-year in case the market did poorly; if funds were still available by mid-year, Foundation leadership opened the allocation up to program officers who had “standalone” projects. The funds were available for staff to use to explore areas and fund projects that were related, but not tied, to the specific strategies and Board-approved outcomes of their particular initiative; the Foundation leadership kept these funds separate so as not to inflate the amount of investment needed to achieve the specific Board-approved outcomes.¹⁴ For example, the Nursing Initiative provided standalone grants for health information technology projects (e.g., medication bar coding infrastructure, medication administration software), outpatient care models (e.g., health coaching at community health centers, pilot of team-based care patient management model) and predictive analytics (e.g., predictive models for early detection of impending physiologic deterioration, automated software to flag heart failure patients with high likelihood of hospital readmission), among other projects.

Exhibit 2
Nursing Initiative Grant Allocations, March 2004–April 2014



¹³ “Other contributions” were made through the Foundation’s Streamlined Contribution Process in the amount of \$1.7 million. These funds are used to make small grants, of \$50,000 or less, to support grantees’ work (e.g., conference fees, small research projects, equipment).

¹⁴ When the Nursing Initiative submitted a proposal to the Board of Trustees to expand to the Greater Sacramento area, the proposal came in under the expected allocation; therefore the Board of Trustees set up a Nursing Initiative-specific standalone allocation with the extra funds. The Nursing Standalone Allocation closed at the end of 2011.

The Nursing Initiative's funding affected grantees' work in various ways; most grantees launched new work at their organizations (Exhibit 3). The funding also enabled grantees to change the direction of their work or expand existing work; in addition, almost two-thirds have shared their work with others. The funding allowed grantees—many of whom did not typically receive grants from private foundations prior to the Nursing Initiative—to establish new pilot projects. It also helped expand and accelerate work that was already in place and disseminate information about successful projects.

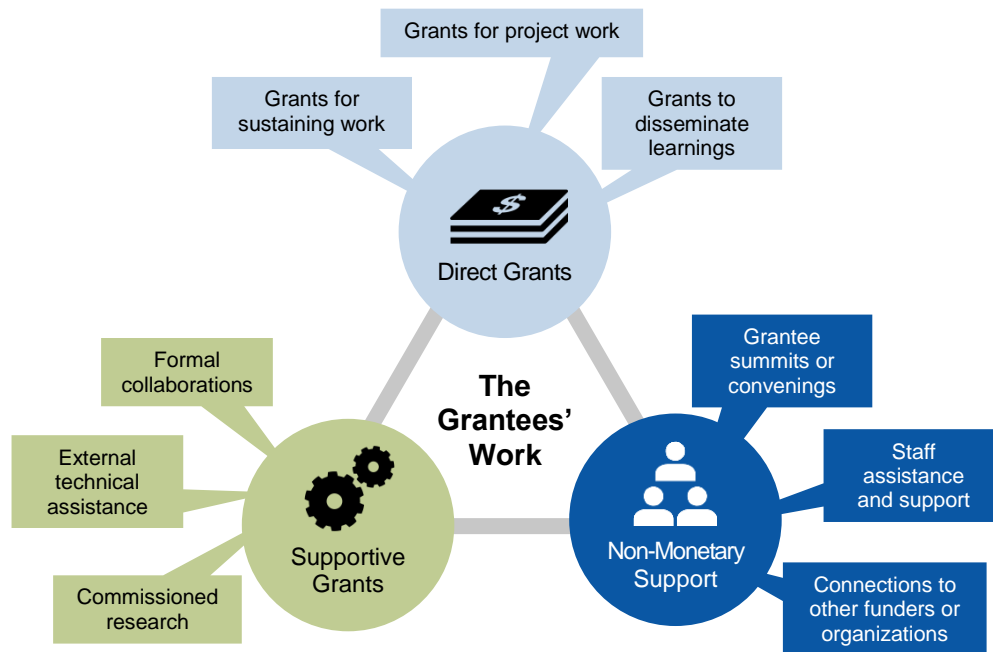
Exhibit 3
**Influence that Nursing Initiative Funding
 Had on Projects at Grantee Organizations**
 (N=101)

- 82%** **Added new work** (e.g., developed a new nursing concentration track, created a new hospital collaborative in the local area, piloted a new health information technology/personal health record care delivery model, conducted new research on how medical-surgical nurses spend their time)
- 61%** **Disseminated work** (e.g., shared learnings about heart failure readmission programs, received awards for their work, presented about nurse-led councils formed at their hospitals, employed staff at the research division of a hospital to collect data for future dissemination)
- 56%** **Expanded existing work** (e.g., increased the number of nursing students at schools, expanded research and evidenced-based practice models at hospitals, expanded the role of the organization's executive director, and expanded the existing infection control and prevention work at a hospital)
- 41%** **Accelerated existing work** (e.g., accelerated nursing students' progression through educational programs, moved hospitals through the Magnet designation process more quickly, reduced the timeline to implement electronic early warning system at a hospital)
- 26%** **Changed the direction of existing work** (e.g., increased the shared governance model at hospitals to include more nurse input, formed the basis for more coordinated care across the organizations' network for patients)
- 15%** **Maintained existing work** (e.g., worked to address staffing transition challenges throughout the grant project and shifted work to new team members as needed, maintained staff-led councils at a hospital, enhanced capacity to care for elderly patients who are hospitalized)

Assisting Grant Projects with Multiple Types of Non-Grant Support

To further the Foundation's investment of direct funding, the Nursing Initiative also provided a range of other supportive grants and non-monetary support, intended to help grantees achieve their outcomes. The Initiative supported the creation and facilitation of collaboratives, commissioned research and evaluations, offered external trainings and technical assistance from experts, convened grantees to share learnings, and provided small "contribution" grants as needed to supplement the work of grantees (Exhibit 4). To prompt collaboration among organizations, the Nursing Initiative would provide individual grants to hospitals that were contingent on collaborating and sharing data about quality improvement efforts with the other local hospitals; it funded a facilitated collaborative group for both their hospital patient safety and transitional care strategies (see pages 23 and 25). A wide range of hospitals and nursing schools were involved with the Nursing Initiative, either through a direct grant or non-grant support (Appendix D). In addition, the Nursing Initiative provided an annual all-grantee summit and an annual Speaker Series where the Nursing Initiative brought in national nurse leaders for conversations where participants could listen and ask questions.

Exhibit 4
The Nursing Initiative's Multi-Modal Support to Grantees



“The Moore Foundation not only funded a collaborative to exchange ideas, but then also funded the individual hospitals. These augmented one another.... It aligned with the overarching work of the collaborative.”

– Grantee

Working with Organizations & Leaders Outside of the Regions

Even though the Nursing Initiative is a regionally-defined initiative, staff worked at a state and national level to gather experts' ideas, leverage other funding and bring attention to projects. Over the course of the Nursing Initiative, they also began to fund organizations outside of the defined counties that they felt could support the local work. For example, in 2009, they provided a grant to the Society for Critical Care Medicine for their “Surviving Sepsis Campaign” to revise sepsis treatment bundles and care guidelines. In 2011, the Nursing Initiative funded the University of Minnesota to create an informatics training that could be used with representatives of San Francisco Bay Area nursing schools to help them enhance their curriculum with quality and safety competencies. At the beginning of the Initiative, and throughout its life cycle, staff met with healthcare experts to inform their work. They also met with other funders to bring attention and funding to related projects. For example, staff co-led the National Nurse Funders Collaborative where nurse funders would share and learn from each other's work. They also organized co-funding opportunities with other funders and participated in other health funder groups (e.g., Grantmakers in Health, Bay Area Health Funders Group).

Exiting the Nursing Initiative & Disseminating Learnings

Once the Foundation decided to end the Nursing Initiative, staff launched an exit strategy intended to support the sustainability of grantee projects and outcomes that were achieved during the Initiative.¹⁵ The Nursing Initiative staff held conversations with local partners and grantees, as well as with other national funders that staff had worked with throughout the course of the Initiative (e.g., National Nurse Funders Collaborative), to explain the closing of the Initiative. Then in 2013, the Nursing Initiative began providing grants to position past or current grantees to continue without the Nursing Initiative's support. For example, this included grants to hospitals that had achieved Magnet designation to be redesignated, funding for the Centralized Clinical Placement System to conduct market research and platform upgrades to better position the tool for use in the market, and resources to develop a nursing workforce supply and demand forecasting approach, among other grants.

To broaden the Initiative's impact, the Nursing Initiative staff supported—and continues to support—the dissemination of learnings about its work. A substantial amount of dissemination occurred naturally through grantees' and Initiative staff's work to date (e.g., publications in peer-reviewed journals, convenings and webinars to share key learnings, influencing public policy). Grantees often initiated the sharing of their work within existing grant funding, frequently with no prompting from the Nursing Initiative. However, over time, the Nursing Initiative has become more proactive and deliberate in choosing successful projects to publicize and specific audiences to target.

With the closing of the Initiative, the Board of Trustees asked the Nursing Initiative to capture and share learnings, projects and models with others beyond the regional scope of the Initiative.¹⁶ The Nursing Initiative selects successful projects to highlight and funds efforts to document and share these models. In 2014, Initiative staff released a new funding opportunity for grantees with “spotlight” projects—those projects with significant potential for national uptake—to share project approaches, results and learnings with the hope that these approaches will be replicated more broadly. The Nursing Initiative funds the creation of toolkits, protocols, publications and detailed case studies for stakeholders and also helps grantees adapt projects to apply to a different or broader audience. For example, Nursing Initiative staff are working with grantees on redesigning key projects to facilitate expansion or spread (e.g., transferring knowledge into an online curriculum, switching to fee-based training to reduce operational costs). Additionally, the Nursing Initiative is providing training and technical assistance (e.g., communications seminar in 2014) to grantees to help them share their work with others.

EXAMPLE OF DISSEMINATION SUPPORT

The Nursing Initiative recently funded the Society for Critical Care Medicine to take new approaches for sepsis management that were developed locally by Nursing Initiative grantees and test them with other hospitals across the nation. These approaches will ultimately become Society for Critical Care Medicine recommendations for the country.

¹⁵The Board of Trustees approved funds to help grantees sustain and continue their work. As of April 2014, \$4,751,816 has been granted through the exit fund across the key strategies. Grant sizes have varied considerably. Ten exit grants were given, which ranged in size from \$50,000 to support a hospital seeking Magnet redesignation to \$2.2 million to support Vanderbilt University's efforts to create a nursing workforce resource for the field.

¹⁶As of April 2014, the Nursing Initiative has invested a total of \$2,360,350 through the dissemination fund across the key strategies. Grant sizes have varied considerably. Among the 12 dissemination grants, sizes ranged from \$2,500 to support a grantee presentation at a conference to \$685,000 for dissemination of a nursing leadership project.

Implementation of the Nursing Initiative Strategies

The Nursing Initiative used a range of strategies to work toward their expected outcomes. Drawing from Nursing Initiative documents and interviews, we describe each of the Nursing Initiative's strategies and approaches to implementation. This is followed by grantees' reflections on the progress their work made toward each of the Nursing Initiative's strategy objectives, which are drawn from survey and interview data.¹⁷

SUMMARY OF THE INITIATIVE'S KEY STRATEGIES

Nursing Workforce Strategy – Create a larger and better nursing workforce for San Francisco Bay Area adult acute care hospitals

Hospital Patient Safety Strategy – Implement evidence-based practices in hospital inpatient settings in the San Francisco Bay Area and Greater Sacramento area

Transitional Care Strategy – Improve patients' transitions from acute care hospitals in the San Francisco Bay Area to home or other care settings

NURSING WORKFORCE STRATEGY

GOAL: Create a larger and better nursing workforce for San Francisco Bay Area adult acute care hospitals.

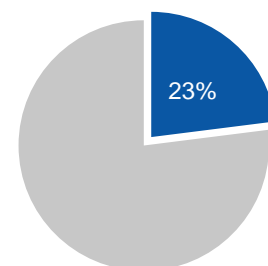
The Foundation's Approach

As noted earlier, in 2003, the San Francisco Bay Area, along with the rest of the country, was anticipating a critical shortage of trained nurses in hospitals. The Foundation made this issue a priority at the launch of the Nursing Initiative. Over time, the strategy increased its focus on better preparing nurses for the clinical practice environment.

¹⁷ The grantee data in this section is not a formal audit of the Nursing Initiative's grantee objectives. Instead, they provide a higher-level reflection on the extent to which grantees think they made progress toward the Nursing Initiative objectives with support from the Foundation. Subsequent chapters examine the perceived outcomes and impacts of the grantees' work and the Nursing Initiative overall.

Through April 2014, the Nursing Initiative invested a total of \$41,217,602¹⁸ and took a number of approaches to work toward its expected outcomes, including:

Funding Allocation Proportion of Total Investment



- **Fostering partnerships between nursing schools and hospitals** – The Nursing Initiative staff brought together local nursing school deans, chief nurses and other experts to discuss the impending shortage, examine the causes and begin to surface potential solutions. Based on these conversations, the Nursing Initiative decided to focus initial grantmaking on addressing barriers that prevented students from enrolling in nursing school. The Nursing Initiative also encouraged collaboration by requiring nursing schools to identify a hospital practice partner as part of their grant proposal.
- **Increasing the number of qualified nurse educators and faculty** – The Nursing Initiative attempted to address a lack of capacity at local nursing schools by funding education programs for nurse faculty and clinical educators. Examples of these programs include local nursing schools aimed at increasing the number of Master’s-educated faculty and the Accelerated Doctoral Program at UCSF (see profile on page 42).
- **Expanding pre-licensure programs** – Concurrently, the Nursing Initiative also supported the expansion and acceleration of pre-licensure programs to produce more slots for nursing students who wanted to obtain their Bachelor’s degree in nursing.¹⁹
- **Increasing the efficiency and effectiveness of clinical training opportunities** – Another barrier that delayed students’ movement through the nursing workforce pipeline was the underutilization of available clinical placements in hospitals. To address this issue, the Nursing Initiative focused on increasing the efficiency and effectiveness of clinical training opportunities by expanding simulation centers (where students could gain hands-on experience), creating the online Centralized Clinical Placement System (see page 40) and preparing nursing graduates for positions in healthcare facilities through a “Transition to Practice” project.
- **Incorporating quality and safety competencies into curricula** – In 2008, the unexpected economic recession changed the landscape of the nursing workforce, swinging the pendulum from an impending shortage to a surplus of nurses looking for jobs. As a response to the new economic reality, the Nursing Initiative increased its focus on the second half of their nursing workforce goal—creating better prepared nurses—and decreased its focus on priming the pipeline with more nurses. This included supporting projects to improve nursing school curricula to better align with the nursing skills needed in practice settings, especially around patient safety and quality. For example, the Initiative adapted the Quality and Safety Education for Nurses (QSEN) training, which was developed by the American Association of Colleges of Nursing, and brought the training to the San Francisco Bay Area for a four-year period to help local nursing schools learn how to improve their curricula.
- **Improving education levels of practicing nurses** – To further support nurses who wanted to transition into hospitals or who were already in practice settings, the Nursing Initiative also supported an on-site Master’s degree program at a local hospital.
- **Supporting a statewide plan for nursing** – The Nursing Initiative supported the infrastructure of a statewide coalition to develop a plan and implement recommendations from a 2010 Institute of Medicine report on the future of nursing.

¹⁸ This represents the total amount invested as of April 2014; since the Initiative is still active, these are not the final numbers. Approximately \$36 million was invested through the original Nursing Initiative allocation, \$4.5 million through the exit allocation and \$580,000 through the dissemination allocation. Eighty-one percent of the workforce funding is closed (\$33.2 million); only \$7.6 million in grants are still active.

¹⁹ A few projects were initially funded but discontinued; for example, grants to develop an Associate’s degree program and grants to increase the nursing workforce by supporting more foreign-trained nurses and low-income residents.

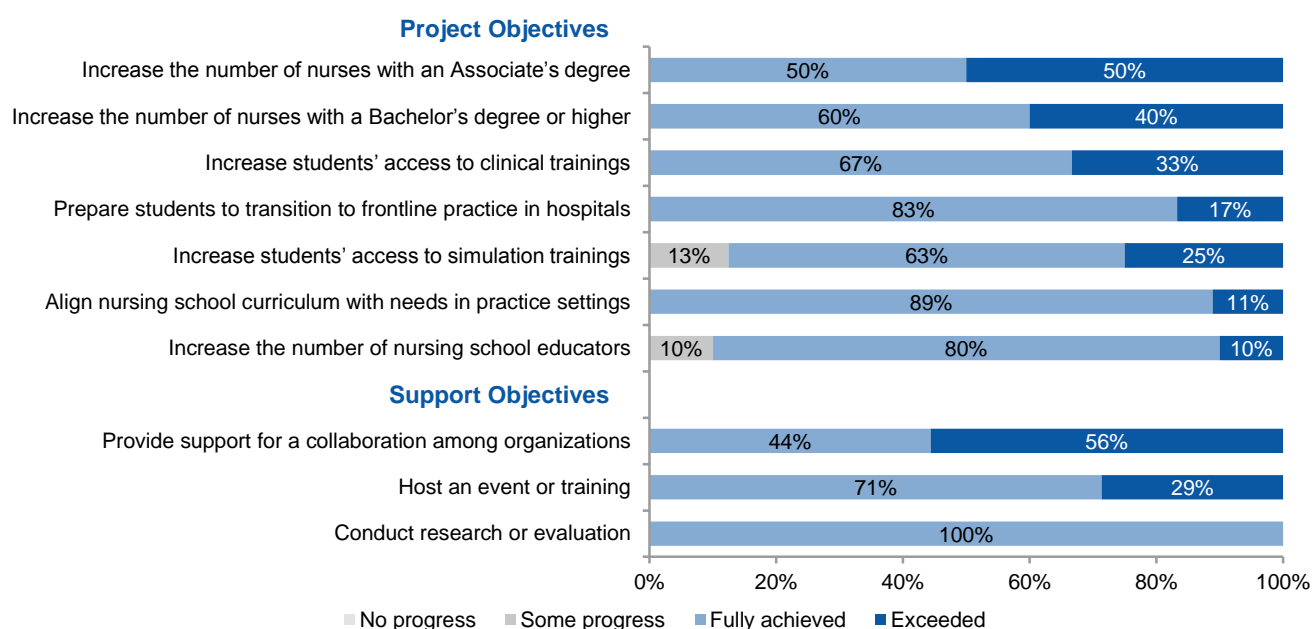
- **Monitoring the supply and demand of the nursing workforce** – To complement and inform its nursing workforce strategy, the Nursing Initiative provided grants to various organizations to monitor and better understand the supply and demand of the nursing workforce (e.g., conducting annual employer surveys, analyzing the Board of Registered Nursing data). Some of these grants were made through the Nursing Initiative funding allocation, while others were made through the Foundation’s standalone allocation (e.g., a grant to Vanderbilt University to examine the factors that affect nurses’ participation in the workforce and provide updated estimates for the supply and demand of nurses).

“Our project has been extremely successful. I receive daily emails from new nurses seeking access to our program. Across California—and now nationally—schools and clinical sites are collaborating to replicate our work.”

– Grantee

Grantees who received support from the Nursing Initiative in the nursing workforce strategy note that **most of their projects fully achieved or exceeded the intended objectives of the Nursing Initiative** (Exhibit 5). Some grantees who were funded under the nursing workforce strategy report that their projects have maintained continued interest from nurses (e.g., new graduates, those interested in becoming educators). Other grantees note that Nursing Initiative-supported projects provided a foundation which led to other work, such as clinical faculty development efforts, focus on students’ academic progression and simulation training. One notes that they are working with other organizations to discuss replication of their successful project. However, a few grantees encountered challenges with achieving their objectives, such as not getting enough students enrolled in their programs or not selecting a focus for their project that aligned with the Nursing Initiative’s vision. Additional factors that influenced grantees’ ability to implement their projects are reported on pages 27–30.

Exhibit 5
**Extent Nursing Workforce Grantees’ Projects Progressed
 Toward the Initiative’s Intended Objectives²⁰**
 (N=2–10)



²⁰ Progress ratings are shown only for those projects funded within the nursing workforce strategy where respondents marked that it was an objective they intended to reach during their grant period; therefore there is a range of possible respondents (N) for each prompt.

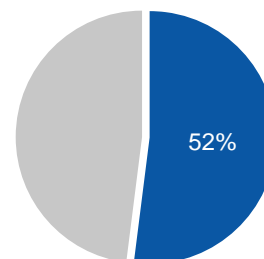
HOSPITAL PATIENT SAFETY STRATEGY

GOAL: Implement evidence-based practices in hospital inpatient settings in the San Francisco Bay Area and Greater Sacramento area.

The Foundation's Approach

The Nursing Initiative's key goal is improved patient safety and outcomes in local—San Francisco Bay Area and Greater Sacramento area—hospitals. To reach this goal, the Nursing Initiative supported hospitals and empowered frontline nurses to implement evidence-based practices at the patients' bedsides. The Nursing Initiative invested a total of \$93,709,231²¹ with \$68,039,603 invested for the San Francisco Bay Area and \$25,669,627 invested for the Greater Sacramento area. Initiative staff took the following approaches to work toward their goal:

**Funding Allocation Proportion
of Total Investment**



- **Generating momentum for hospital quality improvement efforts** – During the initial stages of the Nursing Initiative, staff worked to motivate hospitals to take on quality improvement efforts for patient safety. The staff encouraged participation in the Institute for Healthcare Improvement's 100,000 Lives Campaign (see page 38), a national initiative to implement six scientifically-based clinical interventions that address leading sources of mortality and complications within hospitals. They initially funded projects in hospitals that focused on clinical harms within the direct purview of frontline nurses; however, over time, hospitals began taking on more complex quality improvement efforts for more complex conditions (e.g., sepsis mortality, glycemic control) that required a broader team. Staff worked with hospitals to select appropriate clinical harms to address with the Foundation's support. They guided hospitals to select conditions that had significant negative impact on patients at their organization, had an evidence-based approach that could be used in the clinical setting and, in turn, could eventually positively impact the organizational budget.
- **Funding hospitals to improve clinical outcomes** – Once hospitals identified specific clinical harms to address, the Nursing Initiative provided funding for them to engage in quality improvement efforts that would lead to preventing patient harm and mortality. To undertake these efforts, they funded individual hospitals in the San Francisco Bay Area and hospital systems in the Greater Sacramento area. In some cases, hospitals developed nurse councils (see Sutter Health profile on page 43) to lead these efforts; others piloted new team approaches and coaching support (see UC Davis Medical Center profile on page 47). To support hospitals' work, the Nursing Initiative explored projects or models that could potentially be spread to other hospitals if proven effective. For example, the Initiative supported predictive modeling and patient surveillance systems to identify high-risk patients and avoid preventable conditions or mortality.

²¹ This represents the total amount invested as of April 2014; since the Initiative is still active, these are not the final numbers. \$92.1 million was invested through the original Nursing Initiative allocation, \$300,000 through the exit allocation and \$1.3 million through the dissemination allocation. Forty-one percent of the hospital patient safety funding is closed (\$38.6 million); \$55.1 million in grants are still active.

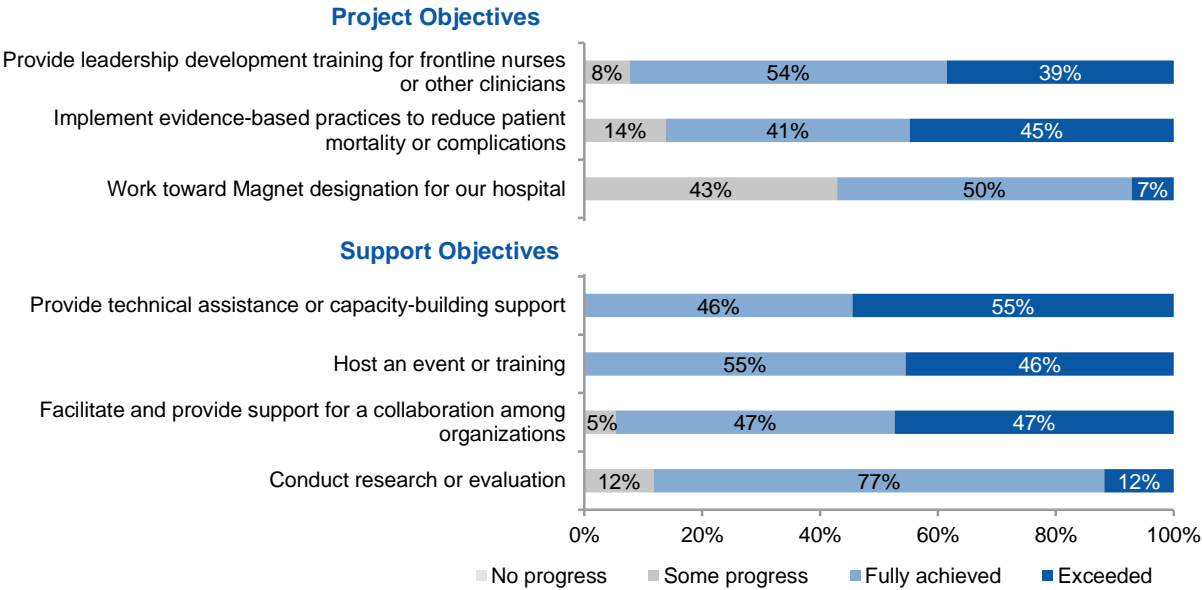
- **Supporting regional collaboratives of hospital staff working on quality improvement efforts** – As part of the quality improvement grants, the Nursing Initiative required that hospitals also participate in a learning community, called the Bay Area Patient Safety Collaborative, or BEACON. In addition, hospitals had the opportunity to participate in clinical impact interest groups and other peer learning communities. Initiative staff wanted to encourage hospitals to share learnings and data, despite working within a competitive local market. Frontline nurses and clinicians also had opportunities to attend leadership programs supported by the Foundation to improve their change management skills, leadership skills and treatment processes.
- **Supporting hospitals on their journey toward Magnet designation** – In 2006 and 2007, the Nursing Initiative began supporting hospitals on their journey toward Magnet designation. They held a conference about the process of Magnet designation that was open to all local hospitals. Staff then provided funding to interested hospitals for an external assessment to identify their level of readiness for the Magnet journey and specific areas they needed to address. Hospitals that were deemed ready were given grants to prepare and apply for the designation. Throughout the process, the Nursing Initiative provided space, food and logistical support for the Bay Area Magnet Convening, which brought hospitals that were at various points along the Magnet journey together to share learnings and support each other. Participation was voluntary, and the hospitals continued to facilitate the group on a rotating basis three times per year.
- **Building knowledge and skills of hospital staff** – Throughout implementation of the hospital patient safety strategy, the Nursing Initiative provided opportunities for staff to learn and build their skills. For example, they sponsored workshops and trainings open to hospital staff which covered a variety of topics, ranging from re-engineering healthcare systems, to care transitions programs, to spreading improvement models.
- **Measuring improvement efforts** – From the beginning, the Nursing Initiative focused on measuring improvements. They began by funding an organization to develop measures that could be used across all local hospitals. While they discovered limitations to the measurement strategy over time (see page 7), the Nursing Initiative continued to collect and share data across hospitals about the Initiative’s outcomes.
- **Developing nurse leadership** – The Nursing Initiative funded intensive leadership development projects that trained frontline nurses and clinicians on leadership and management competencies, project-based learning, and change management skills. They also provided various opportunities for nurses to show their leadership, such as speaking at the Betty Irene Moore Speaker Series or participating in a local nurses’ network. In some cases, the Nursing Initiative provided encouragement or coaching to facilitate connections for promising individuals displaying a high potential for leadership.

“Our progress in the first grant period fostered new collaborative relationships and coordination of research.”

– Grantee

Most grantees working on projects funded through the hospital patient safety strategy fully achieved or exceeded the Nursing Initiative’s objectives (Exhibit 6). Given the long and arduous journey of becoming a Magnet designated hospital, some grantees note that they are still in progress toward this ambitious objective. A couple grantees note that nurses’ union concerns have slowed down their progress toward Magnet designation, while the others are moving forward and continuing to prepare the different elements needed for Magnet designation (see page 39); however, the progress that has been made is still noteworthy given the long process. Grantees with projects aimed at implementing evidence-based practices have, for the most part, been successful in making progress toward objectives; a few projects faced difficulties (e.g., not having reliable measures to make the “business case” to hospital systems, setting clinical goals that were too ambitious, encountering difficulties in getting staff support for new methods of patient care). Additional factors that influenced grantees’ ability to implement their projects are reported on pages 27-30.

Exhibit 6
**Extent Hospital Patient Safety Grantees’ Projects Progressed
Toward the Initiative’s Intended Objectives²²**
(N=11–29)



“The Magnet journey is much more complex than we originally understood.”

– Grantee

²² Progress ratings are shown only for those projects funded within the hospital patient safety strategy where respondents marked that it was an objective they intended to reach during their grant period; therefore there is a range of possible respondents (N) for each prompt.

TRANSITIONAL CARE STRATEGY

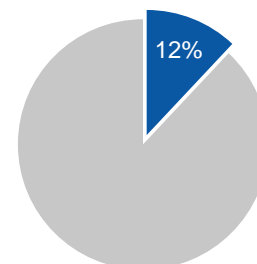
GOAL: Improve patients' transitions from acute care hospitals in the San Francisco Bay Area to home or other care settings.

The Foundation's Approach

As noted on page 5, in 2005, the Nursing Initiative staff requested an expansion of the Initiative to include support for hospital discharge planning for high-risk senior patients with heart failure. The staff went to the Board of Trustees and gained approval for an additional \$14 million when it was shown that the strategy could meet the Foundation's four filters for funding. Since then, the Nursing Initiative has invested a total of \$22,445,347²³ and taken the following approaches to work toward its goal:

- **Funding hospitals' efforts to implement evidence-based transitional care models** – The Nursing Initiative chose to fund hospitals' efforts to plan for and implement evidence-based transitional care models. The first grants under the strategy in 2006 supported pilot projects at three Kaiser hospitals and two Sutter hospitals to implement transitional care models; the hope was that successful pilots could be spread within the respective hospital systems. Later, planning grants were distributed to help advance hospitals' understanding of the causes of patient readmissions and to select appropriate models for their organizations. Individual grants were then distributed to adopt the identified transitional care practices.
- **Supporting collaborative learning communities** – Throughout the implementation of this strategy, Nursing Initiative staff wanted to instill a collaborative, learning environment among the hospitals working on the issue. In 2008, they decided to fund and partner with the Institute of Healthcare Improvement (IHI) that was leading a national collaborative focused on improving discharge planning for heart failure patients. They funded both IHI and local hospitals to participate in the collaborative, with IHI collecting and analyzing data. They chose four hospitals to implement the "Transforming Care at the Bedside Program" in order to improve the discharge planning process (see profile of Chinese Hospital's work on page 45). The Nursing Initiative strategy evolved over time to include patients with any diagnoses, rather than only heart failure patients. Local hospitals identified evidence-based transitional care models (e.g., Project RED, Transforming Care at the Bedside) to use at their hospitals, while also participating in a collaborative learning community (see box). Both hospitals and their outpatient partners came together to share learnings and data in the collaborative.
- **Promoting hospitals' efforts to understand patient readmissions** – To help both staff and hospitals better understand the reasons for patient readmission, the Nursing Initiative funded research, planning processes and readmissions data analysis.

Funding Allocation Proportion of Total Investment



The Avoid Readmissions through Collaboration initiative (ARC) is a group of 27 California hospitals—22 located in the San Francisco Bay Area—and other organizations involved in patient transitions (e.g., medical groups, nursing homes). The group meets quarterly with the goal of reducing hospital readmission rates. This collaborative provides a setting for inpatient hospitals and their partners in outpatient care to share evidence-based models and practices, as well as tactics to implement them. To date, readmission rates at participating hospitals have decreased by 13%, eliminating 6,471 hospitalizations and reducing hospital costs by \$62 million.*

* Cynosure Health. *Collaborative Reducing Hospital Readmissions Celebrates Success. Avoiding Readmission Through Collaboration*. 6 May 2014. Web. 10 Sept. 2014.

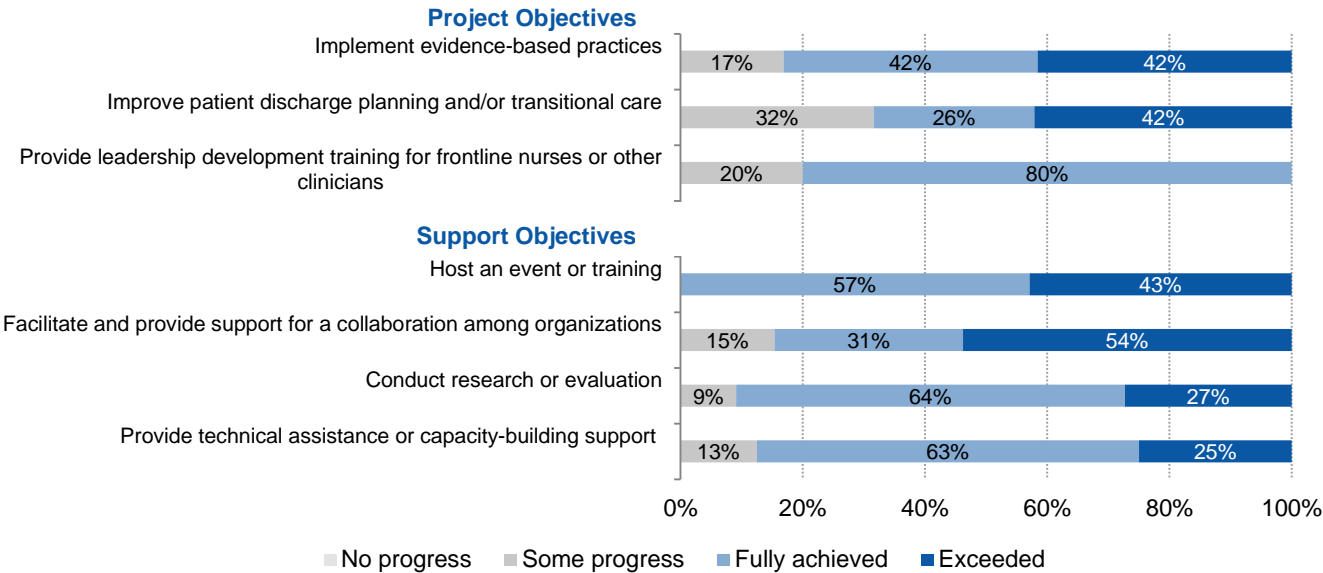
²³ This represents the total amount invested as of April 2014; since the Initiative is still active, these are not the final numbers. \$22.1 million was invested through the original Nursing Initiative allocation; no grants have been made through the exit allocation and \$349,000 through the dissemination allocation. Only 4% of the transitional care funding is closed (\$999,800); \$22.4 million in grants are still active.

About two-thirds of grantees fully achieved or exceeded the Nursing Initiative objectives or improved either patient discharge planning or transitional care processes; most grantees’ projects were also successful in working toward the supportive objectives (Exhibit 7). All grantees note progress toward the objectives, but they also report that transitional care is a very complex issue, which requires collaboration and relationships with other entities. Some grantees experienced challenges getting hospital leaders fully engaged in the project. Additional factors that influenced grantees’ ability to implement their projects are reported on pages 27-30.

“We developed a successful care transitions program for high-risk patients. This program is informing major changes in the care management of patients in the larger hospital system.”

– Grantee

Exhibit 7
Extent Transitional Care Grantees’ Projects Progressed
Toward the Initiative’s Intended Objectives²⁴
(N=5–19)



“The assistance from the Moore Foundation has been instrumental to increasing our staffing capacity that has helped us achieve our objectives.”

– Grantee

²⁴ Progress ratings are shown only for those projects funded within the transitional care strategy where respondents marked that it was an objective they intended to reach during their grant period; therefore there is a range of possible respondents (N) for each prompt. Mean ratings exclude grantees who responded that their project was still in progress and therefore could not report progress toward the objectives.

Key Factors Influencing Grantees' Project Impacts & Sustainability

This section cumulatively reviews key factors that influenced the grantees' work as well as their ability to sustain the impacts once the funding ended. This section provides data from the grantee survey and interviews. Additional data about key factors influencing the projects are available in Appendix E.

KEY FACTORS CONTRIBUTING TO THE SUCCESS & SUSTAINABILITY OF GRANTEES' WORK

Overall, most grantees report that project staffing and organizational factors positively influenced their work, while external factors presented the most challenges. Across strategies, these positive and negative factors remained fairly consistent.

Key Factors Contributing to Project Success

- Dedicated project and frontline staff who are engaged in testing, learning and problem solving
- Nurses who are empowered and have the skills to lead changes
- Physician champions and other organizational leaders' support and prioritization of projects
- Staff expertise and appropriate infrastructure to collect and use project data
- Collaboration or coordination with other organizations who are also ready to make changes
- Incentives for change from the external healthcare landscape (e.g., financial incentives to improve patient outcomes)
- Nursing Initiative staff's engagement with grantees as well as the level of funding and prestige of the Foundation

Key Factors Contributing to Project Sustainability

- Commitment of organizational funds to the project
- Ability to use the project learnings or data to leverage other funding sources
- Integration of the project into the ongoing work of the organization through creating greater efficiencies, shifting organizational culture or mindset, or changing organizational practices
- Sharing project data with organizational leaders and management
- Creation of partnerships or collaborations with other organizations to continue the work
- Nursing Initiative promotion of projects and requirements for match funding from grantee organizations

STAFF-RELATED FACTORS

Quality frontline staff were critical for the success of grantee projects. It was essential that these staff were engaged in tests of change and learning, especially in the hospital patient safety and transitional care strategies. Frontline staff who were adaptive and able to solve problems were key facilitators of the Nursing Initiative-supported projects. One grantee notes that, while having high-quality staff is important, it is also important to bring in outside experts to support elements of their work, such as a workflow redesign consultant to help structure change processes.

PROJECTS POSITIVELY INFLUENCED BY STAFF-RELATED FACTORS

- Staff's expertise, skills or knowledge – 97%
- Nursing faculty's involvement – 90%
- Coordination and communication among staff at the organization – 88%
- Amount of staff time dedicated to the Nursing Initiative-supported work – 85%
- Physician involvement – 74%
- Recruitment and retention of staff – 64%
- Recruitment and retention of organizational leaders – 41%

Dedicated project staff and nurse and physician champions were critical to ensuring that projects moved forward in busy environments with competing demands. A dedicated project manager is able to “make sure initiatives [are] reliably implemented” and “move the project along,” especially with the Nursing Initiative’s intensive reporting requirements. Hospital patient safety strategy grantees also found that empowering nurses to champion the work among their teams was essential to successful implementation. As one grantee notes, “the nurse champions supported by the Nursing Initiative have played a huge role in the success of this grant. These formerly frontline nurses have become current and future institutional leaders and have learned about different aspects of change and improving healthcare quality.” Grantees also note the importance of having physician

“It was helpful to have the people in hospitals who were implementing the work come up with creative solutions.”

– Grantee

champions for the work; some cite challenges with getting physicians on board. One grantee notes, “We have tried to enlist different hospitalists who are leaders of their groups, but there is not one single physician champion. They always want to do well, but sometimes there just needs to be someone to coach them when they are having trouble understanding what can make transitions better.”

ORGANIZATIONAL FACTORS

Organizational leaders’ support for the work facilitated culture change needed for project success and positioned the work for sustainability. Grantees report that getting buy-in from senior leaders and executives at their organizations helped prioritize the project. As one grantee reflected, “I cannot overstate the importance of having strong administrative support for this and similar initiatives. This has primarily been needed as a ‘back up’ when obstacles have arisen, including reluctance from nurses and physicians regarding the need for change.” Executives are seen as key drivers of organizational culture and able to influence the ongoing commitment of organizations to the work over the long term. One grantee notes that having reliable data on project outcomes helps to gain leaders’ support for the project. However, grantees also say that it was challenging to get busy executives engaged in the project. They explain that many leaders had too many competing demands and sometimes did not have a full understanding of the Nursing Initiative-supported work. As one grantee notes, “The executives believed in the work when they

“Support of leadership made all the difference in the world and I think that is what led us to be successful at improving nursing here.”

– Grantee

signed off on it, but I don't think they quite understood the magnitude." They also report that turnover at the executive level can greatly influence a project depending on the priorities of the new executives.

Collaboration or coordination with other organizations had a positive effect on the Nursing Initiative-supported work. However some

grantees, especially those working within the transitional care strategy, noted challenges due to difficulties aligning processes and coordinating care, variation in leadership style and structure, and a lack of authority to enforce other organizations' adoption of new measures. In addition, while a grantee organization may have had sufficient resources to undertake the Nursing Initiative-supported work, partner organizations were not always equally prepared.

PROJECTS POSITIVELY INFLUENCED BY ORGANIZATIONAL FACTORS

- Organizational culture or capacity for change – 86%
- Collaboration or coordination with other organizations – 85%
- Organizational leaders' support – 83%
- Organizational feedback and/or project review mechanisms – 79%
- Organizational readiness to undertake the grant – 79%
- Project management – 76%
- Organizational policies and processes – 57%

“We established clear communication and relationships [with other agencies] that now form the basis for our care coordination activities across the city.”

– Grantee

Organizational readiness was a positive factor for successful projects, especially since many grantees experienced organization-wide changes during the project. Part of organizational readiness is obtaining executive buy-in and engaging quality staff for the project; however, grantees also acknowledge some organizational challenges that impacted their organizations' readiness for the grant projects. For example, some hospital patient safety strategy grantees were integrating electronic health records, which coincided with Nursing Initiative-supported projects. This undertaking created stress as organizations worked to build infrastructure to support the new system while simultaneously working toward Nursing Initiative objectives. As hospitals adapted to new systems, they were also challenged by the opportunity to collect data used to inform Nursing Initiative metrics as well as their own hospital practice. While grantees received funding to support these efforts, they often needed to build staff expertise or infrastructure to transition to a regular data collection mechanism and cycle. Some grantees say that they did not anticipate everything when writing their grant proposal. For example, a grantee working under the nursing workforce strategy was confronted by the impact of nursing schools having to adapt quickly and hire new, quality teachers to match the increased student body that was supported by the Nursing Initiative.

EXTERNAL FACTORS

The economic downturn that occurred during the course of the Nursing Initiative negatively affected about a quarter of grantees' projects.

Nursing workforce grantees report that the economic changes caused a shift in the supply and demand of nurses, impacting the course of their grants and serving as a barrier to achieving their goals of training new nurses and placing them in hospitals. The economic recession also impacted hospitals that hired fewer nurses for patient care and that weathered multiple funding and staffing cuts.

PROJECTS POSITIVELY INFLUENCED BY EXTERNAL FACTORS

- Patient needs, requests or decisions about their care – 73%
- Students' needs, requests or decisions about their education – 59%
- Healthcare services reimbursement policies – 44%
- Other non-Nursing Initiative resources or support – 43%
- Changes in the political or regulatory environment – 38%
- Changes in the economy – 13%

“Changes in regulatory requirements and payment mechanisms were huge incentives in improving performance and implementing new processes.”

– Grantee

Other external changes in the healthcare landscape positively affected grantees' projects. A few of the transitional care grantees saw positive changes as the Affordable Care Act was implemented and reimbursement amounts became connected to patient readmission rates at hospitals. This impact on the hospitals' bottom lines elevated the priority of some Nursing Initiative-supported projects.

The prestige of the Foundation, the level of funding and the Nursing Initiative staff's engagement with grantees contributed to grantees' success. Grantees report that the level of involvement and presence of Nursing Initiative staff at meetings and conferences helped motivate their organizations' staff to focus on grant project progress. The funding “added a lot of clout,” both with internal leadership and with other external funders. As one grantee commented, “the commitment to funding by the Moore Foundation has given us a level of credibility that 'opens doors' and gains a level of engagement from others that may not otherwise have been possible.”

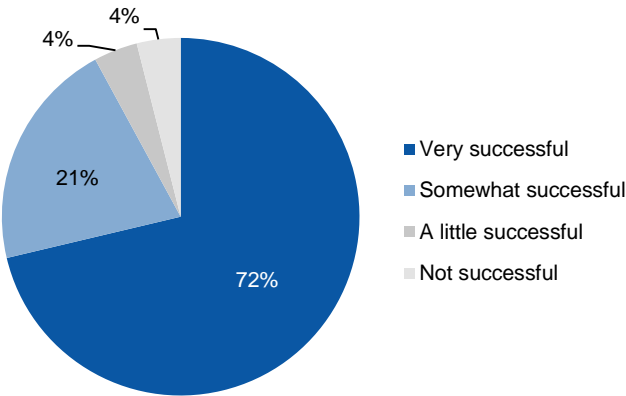
“The Nursing Initiative funding showed that we were worthy of this kind of a grant from a prestigious foundation. It would help us get money from other foundations.”

– Grantee

SUSTAINABILITY OF PROJECT IMPACTS

Almost all grantees report that they have been “very successful” or “somewhat successful” in sustaining the Nursing Initiative-supported changes and impacts beyond the grant term (Exhibit 8). A small portion of grantees report little to no success. Grantees who are still completing their grants, as well as grantees whose Nursing Initiative efforts were not intended to be sustained beyond the grant (e.g., time-bound research), were not asked about sustainability.²⁵

Exhibit 8
Success in Sustaining the Nursing Initiative-Supported Project
Changes or Impacts Beyond the Grant Period
(N=78)



The commitment of organizational funds and the integration of Initiative-supported projects into ongoing work are the most common ways that grantees sustained changes (Exhibit 9). These underscore how the Nursing Initiative-supported projects appear to be well matched to the needs of their organizations. Other organizational factors that supported sustained impacts include shifts in the organizational culture or mindset; creation of greater efficiencies in the work; and changes to organizational practices, procedures and regulations. Grantees report that the engagement of physicians and their positive view of the Nursing Initiative work were also critical components to ensuring both success of the project and ongoing hospital investment once the grant ended. As one grantee put it, “Our physicians see that this was a way to improve the hospital’s scorecard.”

“[The evidence-based care bundle] has become the standard of practice here.... We have embedded it into our nursing protocols. In terms of sustaining the work, it is just part of our practices now.”

– Grantee

External support and resources also helped sustain the impacts of Nursing Initiative-supported work (Exhibit 9). Almost half of grantees say that their partnerships or collaborations with other organizations helped them to continue the work. In addition, over one-third of grantees have leveraged resources from new funding sources to sustain the impacts and changes. Some grantees, although not many, generate revenue (e.g., user or program fees) to help sustain the work and impact.

²⁵ Since survey respondents were asked to reflect on their grant projects, which often included multiple separate grants with different timeframes, it is not possible to assess how sustainability corresponds to the time since the grant support ended.

Exhibit 9
**Percentage of Grantees Reporting How Changes Were
Sustained from Nursing Initiative-Supported Projects²⁶**
(N=75)

Committing investments from our organizational budget	61%
Integrating the Nursing Initiative-supported project/work into the ongoing work of the organization	61%
Creating partnerships or collaborations with other organizations	47%
Shifting the organizational culture or mindset	45%
Leveraging public or private funds from sources other than the Foundation	35%
Increasing efficiencies or reducing costs of the project/work	29%
Changing regulations, practices or procedures at the organizational level	27%
Generating income	15%

When factors for sustainability are compared by strategies, there are some notable variations. For example, grantees with projects in the transitional care strategy more frequently secured investments from their organization than grantees in the other strategies (91% of the transitional care grantees vs. 61% of grantees overall). Grantees with projects in the hospital patient safety strategy more frequently report that the organizational culture or mindset shifted to help sustain the work (61% of the hospital patient safety grantees vs. 45% of grantees overall). Finally, grantees with projects in the nursing workforce strategy more frequently generate income than other strategies (47% of nursing workforce grantees vs. 15% of grantees overall).

“Our executives approved our request to continue support for staff positions that were covered by the grant... Leaders feel that it is valuable and have seen such improved outcomes. We are now able to sustain it and bring it under the hospital’s operational budget.”

– Grantee

Of those projects that were successful in maintaining impacts of the supported work, 73% leveraged either internal and/or external funding. These grantees report leveraging a total of \$11.1 million from sources within their organizations beyond the Initiative’s requirements for matching funding, and \$44 million from external sources (Exhibit 10). External funding amounts ranged from a \$50,000 foundation grant for a transitional care project to \$25 million reported by a university through a combination of foundation grants and individual donations. New funding sources listed by grantees primarily include foundations investing in health and healthcare (e.g., Robert Wood Johnson Foundation, Unihealth Foundation, Kaiser Health Education Fund, The California Wellness Foundation). Of the 26 grantees that provided descriptions of leveraged funding, only 6 mentioned government support, including funding from Centers for Medicare and Medicaid Services and from state health commissions. This is in addition to the \$118 million of match funding provided by grantee organizations during the period of Nursing Initiative grant support (Exhibit 10).

²⁶ This survey question was only asked of those grantees that reported that they were at least “a little successful” in sustaining changes beyond the grant term.

Exhibit 10
Leveraged Funding for Nursing Initiative-Supported Projects

	Funding during period of Initiative support	Funding subsequent to Initiative support	
	From the grantees' organizations to match the Foundation's grants	From external sources to continue the projects (N=17)	From the grantees' organizations to continue the projects (N=21)
Nursing Workforce	\$14,693,772	\$4,289,200	\$545,000
Hospital Patient Safety and Leadership	\$87,195,372	\$9,900,000	\$4,425,000
Transitional Care	\$16,331,581	\$29,816,377	\$6,163,259
Total Amount Leveraged	\$118,220,725*	\$44,005,577**	\$11,133,259**

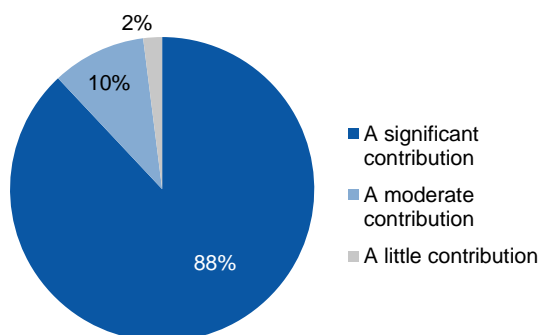
* This total reflects the committed match funding from organizations according to grant agreements since the start of the Nursing Initiative, as documented by the Nursing Initiative staff.

** These totals are self-reported by grantees; they do not include the amount of leveraged funding for some grantee projects (i.e., one project from internal sources, five projects from external sources) because they did not provide dollar amounts.

Almost all of the grantees that leveraged internal or external funding for their projects believe that the Nursing Initiative contributed to their ability to do so (Exhibit 11). Some grantees said that the Nursing Initiative staff promoted their work, which helped leverage funds. Grantees also identified specific Initiative practices that helped create a base of support among internal hospital leaders for the continuation of Initiative-supported efforts:

- The required match funding facilitated more institutional commitment and the involvement of hospital leadership, to some degree, which helped secure support for continued funding.
- The Nursing Initiative's data and measurement requirements resulted in project data that grant managers could share with internal leadership and management. The regular data reports and dashboards created interest for obtaining similar information on an ongoing basis.
- Nursing Initiative staff made personal calls and visits with organizational leaders before and during grants to engage leaders and help clear obstacles to grant implementation and sustainability.

Exhibit 11
Contribution of Nursing Initiative Support to Leverage Additional Grants or Investments²⁷
(N=51)



²⁷ An additional three projects reported "don't know." None reported "no contribution."

Many grantees feel the dissemination work they have done as part of their Nursing Initiative grant projects has helped position them more strongly for sustained support from internal and external funding sources. To date, the Initiative has tracked 65 articles published by grantees and calculates that 31% of grantees have published an article about their work in at least one peer-reviewed journal (see box). A little less than half (45%) of grantees have made conference presentations about their work. Those grantees that received formal dissemination grants to date agree that the funding “very much” supported them to share learnings and models. Several hospital patient safety grantees have been able to disseminate the results of their work within their hospital systems, and their successful patient safety protocols and practices are being implemented within multiple hospitals. Projects funded in the nursing workforce strategy attracted interest from nursing organizations and nursing schools in other states, and grantees were actively involved in making presentations at conferences and writing articles for journals.

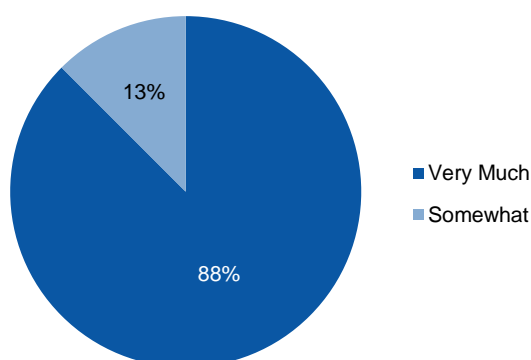
EXAMPLES OF GRANTEEES’ DISSEMINATION EFFORTS*

- **Published an article** (e.g., Journal of Healthcare Quality, Journal of Nursing Education, Journal of Professional Nursing, Health Affairs, NurseWeek)
- **Received an award for the work** (e.g., best practices award, national nurse innovation award, nursing spectrum award, national award to recognize achievement in eliminating healthcare-acquired infections)
- **Conducted a presentation** (e.g., at the annual conference of State Nursing Workforce Centers, Annual Simulation Conference, National Patient Safety Foundation meeting, American Association of Critical Care Nurses)
- **Held a webinar** (e.g., on measuring readmission rates, using electronic health records in sepsis screenings, transforming education)
- **Received news media coverage** (e.g., newspapers, press releases, business journals)

* In addition, grantees report disseminating posters, stories and reports; participating on panels; and sharing information on websites, flyers and/or social media.

All grantees that received an exit grant reported it has “somewhat” to “very much” positioned the organization to continue the efforts started by the Nursing Initiative (Exhibit 12). The exit funds have allowed projects to further establish their work, set clear processes and protocols that can be used in the future, and increase awareness of the projects and the visibility of the organizations.

Exhibit 12
**Extent Nursing Initiative Exit Grants Have
 Positioned Funded Projects or Work to Continue**
 (N=8)



The Nursing Initiative Outcomes

In this section, we describe the outcomes of the Nursing Initiative. Drawing on the Nursing Initiative's background documents and outcomes tracking spreadsheets, we document the Initiative's progress toward meeting the ten Board-approved outcomes.

PROGRESS TOWARD THE TEN BOARD-APPROVED OUTCOMES

Over the past ten years, the Nursing Initiative has made a significant contribution to improving nurse leadership and patient safety in the San Francisco Bay Area and the Greater Sacramento region. As shown in the table on the next page, the Nursing Initiative not only met most of its anticipated goals, but in some cases exceeded expectations.

Prior to the start of the Initiative when a severe nursing shortage was projected, nursing schools in the San Francisco Bay Area were at enrollment capacity and couldn't accept more students. The pipeline was too narrow to educate and train the number of nurses to meet the projected market demands. Furthermore, nursing schools in the San Francisco Bay Area did not consistently teach principles for patient safety and quality care in the classroom and clinical nursing student placements were done manually, which was very labor intensive. The Nursing Initiative has been successful in producing more nurse graduates; creating a more streamlined, online clinical placement system; and supporting nursing schools to integrate patient quality and safety competencies into curricula.

When Foundation staff examined the landscape of patient safety in hospitals at the launch of the Initiative, local adult acute care hospitals were performing below national benchmarks for patient safety, with many suffering from high re-hospitalization rates. In the San Francisco Bay Area, there was no regional effort to address patient safety issues, and not a single hospital had achieved Magnet designation. Hospitals were under numerous pressures (e.g., increasing rates of uninsured patients, seismic upgrade requirements, implementation of health information technology). It often was not hospital administrations' top priority to train nurses to use evidence-based patient safety practices, and limited opportunities existed outside of hospitals for this type of training. Today, hospitals are more focused on making improvements to limit the causes of preventable mortality, preventable complications and hospital readmissions. More sharing and collaboration exists among local hospitals, with some working toward or having achieved Magnet designation.

INITIATIVE-LEVEL OUTCOMES

Outcome	Target	Progress toward Objective
Outcome #1 Enhance patient safety in the San Francisco Bay Area	Eighty percent of San Francisco Bay Area hospitals achieve evidence-based improvement thresholds for at least three key causes of mortality and/or complications by the end of 2013	EXCEEDED: As of the end of 2013, 83% of the San Francisco Bay Area hospitals have achieved evidence-based improvement targets for at least three causes of preventable mortality and/or complications.
Outcome #2 Enhance patient safety in the Greater Sacramento area	Either: 1) Eighty percent of Greater Sacramento area hospital systems achieve evidence-based improvement thresholds for at least three key causes of mortality and/or complications by the end of 2015, or 2) At least 39 evidence-based improvement thresholds for key causes of mortality and/or complications are achieved across hospital systems in the Greater Sacramento area by the end of 2015	IN PROGRESS: The Nursing Initiative is continuing to work on its goal of 80% of Greater Sacramento area hospitals achieving evidence-based improvement thresholds for at least three key causes of mortality and/or complications by 2015.

STRATEGY-LEVEL OUTCOMES

Outcome	Target	Progress toward Objective
Outcome #3 Graduate more nurses	Support the creation of approximately 1,050 new registered nurses (i.e., reduce the San Francisco Bay Area hospital nursing shortage by 50%) by the end of 2009	EXCEEDED: As of the end of 2012, the Nursing Initiative has directly contributed to an increase of 1,315 new nurse graduates in the San Francisco Bay Area.
Outcome #4 Enhance the nursing curricula at local schools	Update nursing curricula at the four largest nursing schools (that offer a Bachelor's degree in nursing) with patient quality and safety competencies by the end of 2013	ACHIEVED: As of 2013, the four largest nursing schools that offer a Bachelor's degree in nursing in the San Francisco Bay Area updated their curricula with Quality and Safety Education for Nurses competencies and all other schools show at least some evidence of integration into their curricula.
Outcome #5 Create a self-sustaining nursing clinical placement system	Ensure that the Centralized Clinical Placement System (CCPS) is self-sustaining with 80% participation by the end of 2013	PARTIALLY ACHIEVED: As of the end of 2013, the CCPS has become self-sustaining through annual user fees from members. At the end of 2013, 75% of San Francisco Bay Area acute care hospitals and nursing schools utilized CCPS, just shy of the expected 80% participation.
Outcome #6 Save patient lives through clinical interventions	Save 200 lives through the Institute for Healthcare Improvement's 100,000 Lives Campaign by the end of 2009	EXCEEDED: As of the end of 2006, the hospitals' implementation of the 100,000 Lives Campaign saved approximately 507 lives.

Outcome	Target	Progress toward Objective
Outcome #7 Develop Change Agents	Support the development of 2,000 “Change Agents” by the end of 2013	EXCEEDED: As of February 2014, a total of 3,196 Change Agents and 272 Master Change Agents have been developed in the San Francisco Bay Area through the Nursing Initiative's support.
Outcome #8 Hospitals participate in BEACON	Ensure participation of 95% of San Francisco Bay Area hospitals in BEACON, the Bay Area Patient Safety Initiative, by the end of 2013	EXCEEDED: As of the end of 2010, 100% of hospitals participated in BEACON.
Outcome #9 Achieve Magnet Recognition	Support the creation of four Magnet hospitals in the San Francisco Bay Area by the end of 2013	ACHIEVED: As of April 2013, the Nursing Initiative helped four San Francisco Bay Area hospitals achieve Magnet designation.
Outcome #10 Reduce readmissions	Reduce re-hospitalizations by 30% within 30 days and/or 15% within 90 days in 30% (or 11) of San Francisco Bay Area hospitals, by the end of 2013	ACHIEVED: Overall, 11 hospitals in the San Francisco Bay Area achieved either the goal of reducing 30-day readmissions by 30% or the goal of reducing 90-day readmissions by 15%.

Eighty-three percent of the San Francisco Bay Area hospitals have achieved evidence-based improvement targets for at least three causes of preventable mortality and/or complications (Exhibit 13).

Thirty of the thirty-six hospitals in the San Francisco Bay Area achieved this goal, and more than two-thirds (69%) of the total hospitals exceeded the Nursing Initiative's threshold by making improvements in more than three areas (range: four to six areas). The targeted causes began with a focus on reducing specific patient harms identified in the 100,000 Lives Campaign (see page 38) but expanded to other nursing-influenced conditions identified as priority areas by the hospitals. The target improvement levels for each condition were determined by Nursing Initiative staff who examined evidence and literature and talked to national experts about the levels that would be considered a success. They then set target levels for the hospitals to reach through their grants. The work that the Nursing Initiative supported at hospitals to implement nurse-focused, evidence-based practice initiatives, sepsis reduction campaigns and other hospital-wide quality improvement efforts helped lead to this outcome. Hospitals' participation in the BEACON collaborative (see page 38) also contributed to the achievement of this outcome.

BEACON

BEACON, also known as the San Francisco Bay Area Patient Safety Collaborative, was established by the Hospital Council of Northern and Central California in 2005 to provide a structure for peer-to-peer sharing among hospitals about their patient safety and quality improvement efforts.

The Nursing Initiative is continuing to work on its goal of 80% of Greater Sacramento area hospitals achieving evidence-based improvement thresholds for at least three key causes of mortality and/or complications by 2015.

The Nursing Initiative is well positioned to achieve this outcome by the end of 2015. While only one of the hospital systems has made improvements to the expected three key areas, 94% have met the threshold for at least one of the key improvement areas and are in progress of working toward other areas. Looking across all the Greater Sacramento area hospitals, they have achieved a total of 23 evidence-based improvement thresholds and 38 more are in progress.

Exhibit 13
**Preventable Patient Mortality or Complications
 Addressed by Local Hospitals²⁸**

	San Francisco Bay Area Hospitals	Greater Sacramento Area Hospitals
Sepsis mortality	X	X
Ventilator-acquired pneumonia	X	X
Catheter-associated urinary tract infection	X	-
Central line blood stream infection	X	-
Hospital-acquired pressure ulcers	X	-
Falls resulting in injury	X	-
Medication administration errors	X	-
Clostridium difficile-associated disease	X	X
Surgical complications, with focus on surgical site infections	X	X
Glycemic control	-	X
ICU mobility	-	X
Hospital-acquired venous thromboembolism	-	X
Early detection of clinical deterioration outside the ICU	-	X

The hospitals' implementation of the 100,000 Lives Campaign saved at least 507 lives.²⁹ From 2005 through 2006, the Nursing Initiative supported the participation of 20 San Francisco Bay Area hospitals in IHI's 100,000 Lives Campaign. This was part of a larger national initiative to encourage hospitals to implement six scientifically-based clinical interventions³⁰ to address common causes of patient complications and mortality. IHI also received funding from the Nursing Initiative to implement the Campaign and report on mortality data across the San Francisco Bay Area hospitals.

As of 2010, 100% of San Francisco Bay Area hospitals participated in BEACON. The Nursing Initiative determined that the threshold for participation in the BEACON collaborative would be the hospital's attendance at one or more of four quarterly meetings and at least one other collaborative activity annually. The Nursing Initiative was initially planning to replicate BEACON in the Greater Sacramento area, but in 2009 staff decided not to pursue the collaborative because they were engaging the hospital systems directly and believed that a collaborative among the systems would add little additional value. However, an effort similar to BEACON began in Southern California as an outgrowth of the work supported by the Foundation in the San Francisco Bay Area. The San Francisco Bay Area collaborative operated until late 2010 when the Hospital Council began discussions

²⁸ This table shows the conditions that are counted toward the expected outcomes. In addition to these nine targeted causes of preventable patient mortality and complications, hospitals worked on other areas, such as acute myocardial infarction, stroke, hospital-acquired aspirational pneumonia and birth trauma rate. The Nursing Initiative reports that they are not included in the total for two reasons: 1) the number of hospitals working on these particular issues was very small and/or 2) the staff could not always confirm what the right evidence-based improvement target should be to measure the hospitals' improvements.

²⁹ IHI staff worked with the hospitals to track the estimated lives saved by examining changes from participating hospitals' 2004 baseline data on deaths and discharges through June 2006. They calculate that 727 lives were saved with a 95% confidence interval estimates that from 507 to 948 lives were saved. They note significant limitations to the data generated by the calculations and advise that estimates should be used to get a rough sense of performance; therefore the Nursing Initiative reports that "at least" 507 lives were saved.

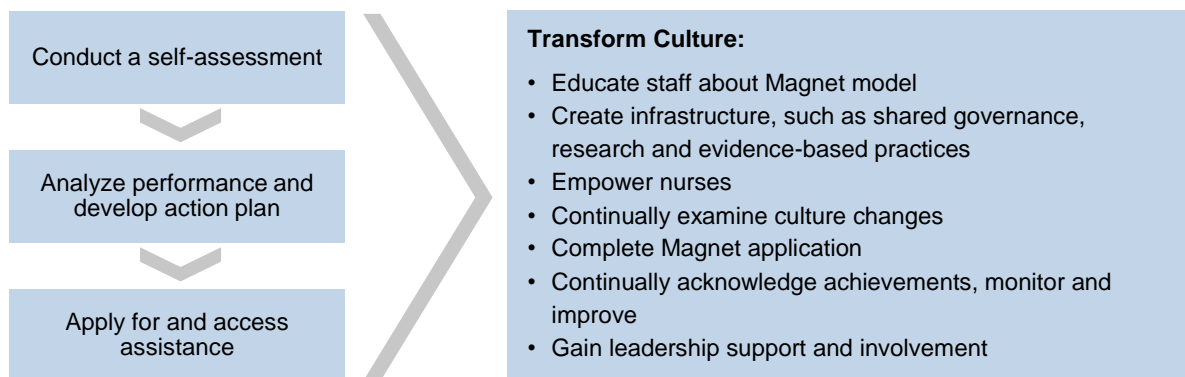
³⁰ The six clinical interventions are: 1) quickly deploy rapid response teams; 2) reconcile patients' medicine; 3) deliver evidence-based care for acute myocardial infarction; 4) implement evidence-based "bundles" or steps of care to prevent central line infections; 5) provide antibiotics to prevent surgical site infections; and 6) implement evidence-based "bundles" or steps of care to prevent ventilator-associated pneumonia.

with Anthem Blue Cross to continue to fund the collaboration. It has now evolved into a statewide collaborative called “Patient Safety First...A California Partnership for Health,” consisting of over 180 member hospitals throughout California.

A total of 3,196 Change Agents and 272 Master Change Agents have been developed in the San Francisco Bay Area through the Nursing Initiative's support.³¹ The Nursing Initiative offered a wide range of opportunities for nurses and other frontline clinicians to develop their leadership skills in order to promote change within their day-to-day work at their organization and/or at the broader hospital system level. For example, some Change Agents completed a Bachelor's, Master's or doctorate degree in a nursing school infused with leadership curricula; others advanced to new leadership roles while leading the grant projects in their organizations; while others earned Change Agent status by acting as mentors to other nurses. Master Change Agents often graduated from a leadership training program (e.g., Emerging Healthcare Leaders Program, Integrated Nurse Leadership Program). The Nursing Initiative staff determined who qualified as a Change Agent by looking at individuals they invested in (e.g., through grants, training, leadership programs) and using set definitions.

The Nursing Initiative helped four San Francisco Bay Area hospitals achieve Magnet designation. El Camino Hospital in Mountain View, Stanford Hospitals and Clinics in Palo Alto, Washington Hospital Healthcare System in Fremont and UCSF Medical Center in San Francisco all underwent the long process of the Magnet journey (see Exhibit 14) and received Magnet designation for their quality patient care, nursing excellence and innovations in nursing practice.³² Currently, only about 6% of hospitals across the nation, including 25 hospitals in California, have Magnet designation. When the Nursing Initiative started their work, no hospitals in the San Francisco Bay Area had achieved Magnet designation. The Nursing Initiative helped hospitals through the Magnet process by offering funding for readiness assessments, targeted resources and support (e.g., conferences, books), peer learning opportunities, and assistance with transforming organizational culture. The Foundation originally set a goal of supporting eight hospitals to become Magnet designated; however, in 2008 the goal was reduced to four hospitals, given that financial difficulties due to the economic recession compromised hospitals' resources and capacity to commit to the long Magnet journey.

Exhibit 14
The Magnet Journey³³

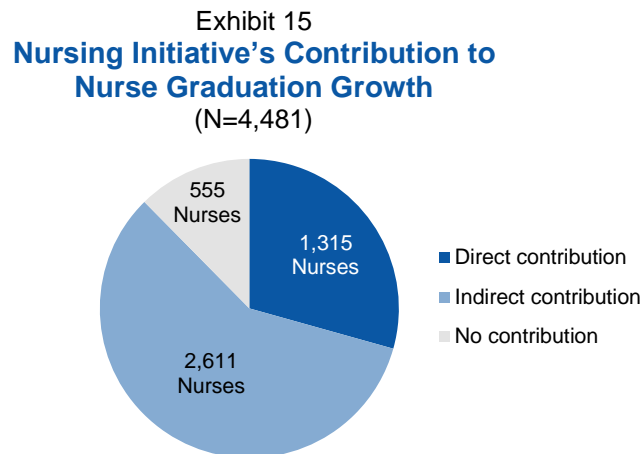


³¹ A Change Agent is an individual who directly or indirectly causes or accelerates change within healthcare. Change Agents provide leadership primarily at the front line in implementing change projects within their organizations. A Master Change Agent is a Change Agent that additionally demonstrates achievement across a set of leadership skills and is able to: 1) independently identify and lead change projects, 2) influence and develop other Change Agents, and 3) lead at the intra- and inter-hospital level or intra- and inter-school level.

³² UC Davis Medical Center also received Magnet designation in 2014; however, given its location in the Greater Sacramento area, it is not included in this outcome, which focuses on San Francisco Bay Area hospitals only.

³³ American Nurses Credentialing Center. "Journey to Magnet Excellence." American Nurses Association. Web. Accessed May 10, 2014.

The Nursing Initiative has directly contributed to an increase of 1,315 new nurse graduates in the San Francisco Bay Area (Exhibit 15). Expected growth for nurse graduates in the San Francisco Bay Area from 2003–04 to 2011–12 was 8,160.³⁴ In actuality, 12,641 nurses graduated during that period resulting in an increase of 4,481 new nurses. Based on staff reviews of nursing school grant reports and graduation rates, approximately 1,315 of these new nurses can be *directly* attributed to the Foundation’s work, which included launching new or expanding Bachelor’s degrees and supporting refresher programs for nurses. In addition, through its support for doctorates, Master’s degrees and faculty development projects, the Nursing Initiative has *indirectly* supported an additional 2,611 new nurses.³⁵



As of 2013, the four largest San Francisco Bay Area nursing schools that offer a Bachelor’s degree or higher in nursing or higher updated their curricula with Quality and Safety Education for Nurses (QSEN) competencies, and all other participating schools show at least some evidence of integration into their curricula. Foundation grants supported the American Association of Colleges of Nursing’s QSEN Faculty Development Institute, which was open to all nursing schools in the San Francisco Bay Area. In 2012 and 2013, a panel of observers³⁶ conducted site visits and interviews with the nursing schools to verify the extent to which the QSEN competencies had been incorporated into the curricula. The competencies included: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (i.e., information and technology). The panel found that the four largest nursing schools in the Bay Area—the University of San Francisco, Samuel Merritt University, San Francisco State University and San Jose State University—either fully integrated or had almost completed integrating QSEN successfully.

At the end of 2013, 75% of San Francisco Bay Area acute care hospitals and nursing schools utilized the Nursing Initiative-supported Centralized Clinical Placement System (CCPS), just shy of the expected 80% participation. The Nursing Initiative provided almost \$3.5 million to the Foundation for California Community Colleges to create CCPS, an online platform to match nursing school students with clinical placement opportunities in acute care hospitals. Within the San Francisco Bay Area, usage is higher among nursing schools than hospitals, with 95% of the region’s nursing schools and 62% of the region’s hospitals participating in the system. In addition, the number of placements that hospitals post on the site has dropped due to restricted budgets and the downturn in the economy. Overall, the number of student placements has decreased by 8% in the

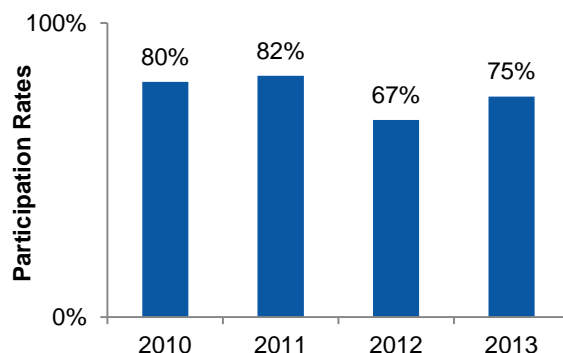
³⁴ The projected growth of nurse graduates was estimated by the Nursing Initiative by multiplying the number of graduates at the Nursing Initiative’s baseline in 2003–04 (1,020) and multiplying it by eight years to 2011–12 (8,160).

³⁵ In calculations of direct and indirect impact numbers, the numbers are risk-adjusted to assume that 85% of total new direct nurse graduates will assume employment in the Bay Area acute care hospitals or in teaching roles. This indirect contribution is based on the assumption that each new full-time and part-time faculty will teach over a three-year term and is capable of graduating eight new students per year.

³⁶ The panel consisted of an impartial third-party observer, three QSEN expert consultants, the AACN QSEN project director, three Foundation program officers and two Informatics Institute faculty members.

San Francisco Bay Area from 2012 to 2013.³⁷ Over the years, CCPS participation has fluctuated as new members are added and others drop out (Exhibit 16). In 2010 and 2011, the outcome was met with 80% and 82% participation, respectively. However, in 2012, membership dropped. The Nursing Initiative recently funded the Foundation for California Community Colleges to conduct market research to better understand reasons for participation; they expect to support the implementation of recommendations to increase participation levels based on this research. Currently CCPS has been replicated in other states, and the system is sustaining its operations through annual user fees from members across the nation.

Exhibit 16
**Centralized Clinical Placement System
Participation Rates, 2010–2013**



Overall, 11 hospitals in the San Francisco Bay Area achieved either the goal of reducing 30-day readmissions by 30% and/or the goal of reducing 90-day readmissions by 15%. Nearly a quarter (24%) of hospitals met the 30-day goal by reducing readmissions by 30–55%. Eighteen percent of hospitals met the 90-day goal by reducing readmissions by 15–30%. Nine hospitals' grants and readmission goals are still in progress; four hospitals did not reach their readmission goals. The Foundation is working with more than two-thirds (68%) of San Francisco Bay Area hospitals by providing a direct grant and/or supporting engagement in the Avoiding Readmissions through Collaboration initiative to use a range of tested models to help improve transitional care processes. Models in use by grantees include Transforming Care at the Bedside, Project RED, Coleman Care Transitions Intervention Transitional Care Model, Community-based Care Transitions Program, as well as hybrid versions of models.

³⁷ Grant #923 report. December 5, 2013. California Institute for Nursing and Health Care and Foundation for California Community Colleges Team.

Nursing Initiative Grantee Profiles

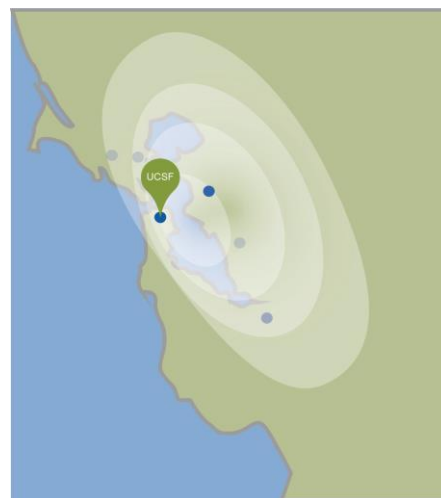
This section presents six project profiles that provide a deeper look at how grantees implemented their work. They highlight examples from across the different Nursing Initiative strategies, grantee organization types and regional areas. In corresponding order, these profiles focus on:

- An increased number of nursing school faculty through the development and implementation of the Accelerated Doctoral Program at University of California, San Francisco, School of Nursing;
- The creation of nurse-led councils to drive quality improvement efforts at Sutter-affiliated hospitals in the San Francisco Bay Area;
- Improvements in discharge planning to reduce readmissions at Chinese Hospital in San Francisco;
- Improvements in quality and patient safety in Bay Area hospitals through interdisciplinary training from the University of California, San Francisco, Center for Health Professions' Change Agent Program;
- Implementation of evidence-based practices to reduce sepsis morbidity and mortality at University of California, Davis Medical Center; and
- The journey towards Magnet designation at El Camino Hospital in Mountain View.

AN ACCELERATED NURSE DOCTORAL PROGRAM TO ADDRESS NURSE FACULTY SHORTAGES

In 2003, the Nursing Initiative identified the shortage of nurses as a barrier to improving nursing-related patient outcomes. However, while the need for nurses was high, the capacity of nursing schools was limited, in large part because of insufficient faculty size. There was a great need for nurses with doctoral degrees to fill these vacant faculty positions.

In order to address these barriers, the Initiative sought to increase nurse education capacity by accelerating and expanding nurse faculty training through the Accelerated Doctoral Program (ADP) at the University of California, San Francisco (UCSF) School of Nursing. The first program of its kind, the ADP was an innovative approach designed to assist nurses in completing their doctorates within three years



UCSF—the home of the Accelerated Doctoral Program—and distribution of Fellows in the Bay Area and beyond

(compared to the industry average of eight years), while providing them with an annual stipend of \$60,000 to cover the cost of tuition, supplies and living expenses. This generous support was designed to help alleviate the financial strain of the doctoral program as well as the financial deficit created by nurses often leaving well-paying positions to enter the program. As a result of the increased number of ADP-trained nurse doctorates, and the requirement to take faculty positions as a stipulation of funding, it was estimated that an additional 600 baccalaureate nurses have been educated.

Between the years of 2004 and 2012, the Foundation supported 42 Fellows, 37 of whom have graduated and moved into faculty positions, with 30 of those in the San Francisco Bay Area. The other 7 fellows either completed their commitment to teach in the area or received permission to teach outside of the area during the economic recession. The ADP graduated doctoral students in an average of 3.5 years. It also streamlined its curriculum and shifted to a more pragmatic dissertation model that focused on research and publishable articles that were more likely to inform practice. In the words of Kathy Dracup, the Dean Emeritus, “it was really school changing,” as it impacted the traditional doctoral students’ trajectory and focus. Although there were many successes of the ADP, there were also some key challenges. Initially, there was a no-working stipulation to the Fellowship, which was changed mid-term, as the value for maintaining exposure in the practical world was acknowledged. Another challenge was that the accelerated timeline did not allow for many elective classes, which is becoming a requirement for faculty positions. Overall, however, the amount and longevity of funding for the ADP allowed Fellows to focus on their doctoral education and do high-quality work. As one former student noted, “there are financial ramifications from going back to school and from stopping working. This was a huge gift. Without it, I would not have been able to go full time.”

The need for nurses with doctoral degrees continues as large numbers of nursing school faculty are retiring. The Accelerated Doctoral Program’s model of rapidly moving nurses through their doctoral program while still providing them with a high degree of mentoring and faculty supervision has been shared with other schools of nursing, at national meetings and through publications. An important impact of the ADP is its replication by other funders, such as the Hillman Foundation and the Robert Wood Johnson Foundation’s *Future of Nursing Scholars Program*, which funds nursing schools to support doctoral candidates through an accelerated, three-year program, much like the ADP. What began as a response to the need for faculty to train more nurses to enter the workforce has become an effective model for educating doctorate-level nurses.

Examples of Publications from Fellows Research

- Nurses' perspectives on the intersection of safety and informed decision making in maternity care
- Challenges and models of success for patient safety and quality of care
- Exploring the nature of inter-professional collaboration and family member involvement in an intensive care context
- The continuum of maternal sepsis severity: incidence and risk factors in a population-based cohort study

SUPPORTING THE CREATION OF NURSE-LED COUNCILS TO DRIVE QUALITY IMPROVEMENT EFFORTS

Research has shown that by participating in decision-making related to nursing practice, nurses are more likely to demonstrate the behaviors recommended for achieving improved patient outcomes and organizational goals. Nursing councils with decision-making capacity are one strategy for fostering nurse empowerment to drive quality improvement.

In 2006, the Nursing Initiative provided funding to the Sutter Health hospital system to establish Partners Advancing Clinical Excellence (PACE) councils at six San Francisco Bay Area community hospitals. The PACE council at each hospital was given the charge to identify and then implement evidence-based practices that would improve quality and safety of patient care. Each council was comprised of between five and twelve bedside nurses,

plus a dedicated program director who provided coaching and support for the council. Depending on the council's active projects, the nurses also recruited staff from other units, such as respiratory therapy and pharmacy. The inter-professional nature of the teams played a critical role, says the Chief Nursing Officer at one of the participating Sutter Health hospitals. "If you want to make a difference in population health and acute care outcomes with patients, having nurses, nurse leaders and doctors all work in a partnership is absolutely where it's at." This Chief Nursing Officer recalls how council members shifted the way they thought about their joint work: "Mindset is a factor. If you are open to the fact that [improving patient outcomes] is a team sport, then you will continuously try to involve the right people who are the clinicians providing the care, and in this case, very specifically the nurses, and they will lead you there."





All PACE councils worked on four patient safety initiatives: acute myocardial infarction, central line-associated bloodstream infections (CLBI), ventilator-associated pneumonia (VAP) and sepsis. Each council was also asked to take on two clinical initiatives of their own choosing, for a total of six projects over the five-year grant period. For each initiative, PACE council members looked at baseline performance data, reviewed the literature, and developed or adapted evidence-based protocols. The councils worked with hospital leadership and department heads to implement the new protocols and educate their colleagues about changes in practice and policies.

The PACE program resulted in significant reductions across the hospitals in VAP, CLBI, and mortality from acute myocardial infarction and severe sepsis. A Sutter Health data analyst team calculated the impact of the PACE councils in terms of saved lives and saved funds; looking at just three of the PACE safety initiatives—VAP, CLBI and sepsis—the analysts calculated 371 lives saved and cost savings of over \$32 million.

PACE councils were responsible for collecting and analyzing data to assess the progress of their projects. They studied and compared quarterly data reports and reviewed them against the baseline data. By holding the responsibility for the outcomes of the safety initiatives they had designed, council members' engagement was heightened, said the System Clinical Transformation Director for Sutter Health. "They were involved in writing the policies, the process change and implementing the protocol, and then all of a sudden they were responsible for the outcomes. That engaged them in the bigger picture of patient safety, and that has made a big impact on all of the hospitals participating in PACE." This director goes on to note that regulations addressing similar safety issues have now reached hospitals: "When regulatory measures like joint commission core measures aligned with some of our PACE measures, this brought great synergy because our hospitals were already really engaged in it."

A key contributor to PACE's successes was giving council members a full eight-hour day once a month to participate in council activities. This protected time away from their regular duties was only possible because of Nursing Initiative support. In addition to discussions and brainstorming sessions, council meetings included consultation with internal experts, literature reviews and strategizing process improvement plans. As part of the monthly meetings, council members would sometimes conduct rounds on patient care units, performing training and auditing charts to monitor process changes the council had put in place. For example, one PACE council used its meeting time to visit the intensive care unit to observe protocol implementation for head-of-bed elevation, evidence of breaks in sedation and oral care documentation. Reflections of Sutter Health nurse leaders on PACE successes highlight how important it was to give frontline nurses time to work out the processes that would bring about the desired changes. In one nurse leader's words, "Over time, and painfully, we have learned that in order to create good, right, lasting change, we have to let our people who are providing the care develop the solutions."

CLINICAL OUTCOME REDUCTION ACROSS PACE SITES

	Reduced 64	Acute myocardial infection mortality
	Reduced 75	Central line-associated bloodstream infection incidence
	Reduced 43	Severe sepsis mortality
	Reduced 92	Ventilator-associated pneumonia incidence

IMPROVING DISCHARGE PLANNING TO REDUCE READMISSIONS OF HEART FAILURE PATIENTS

In 2008, Chinese Hospital, like many other hospitals, was experiencing a high rate of readmissions among their patients with congestive heart failure. A small independent adult acute care hospital located in the heart of San Francisco's Chinatown, Chinese Hospital serves a predominately (90%) monolingual Chinese community. Individuals 65 and over account for 88% of more than 2,000 hospital admissions annually, with heart failure being one of the leading causes of readmissions.

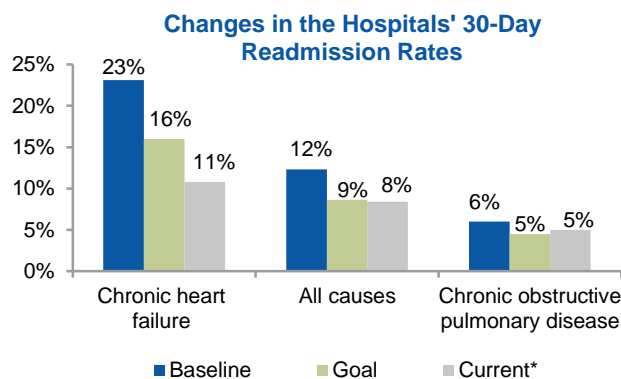
To address this problem, the hospital received a grant as part of a Nursing Initiative-supported collaborative of four San Francisco Bay Area hospitals working to improve discharge planning for heart failure patients. The Institute for Healthcare Improvement provided technical assistance and support to implement Transforming Care at the Bedside, an evidence-based model of quality improvement for patient care which focuses on improving discharge planning and reducing readmissions through: 1) enhanced admission assessment for post-discharge needs, 2) enhanced teaching and learning, 3) patient and family-centered handoff communication, and 4) post-acute care follow-up. Along with expert implementation advice, the Chinese Hospital project team received group coaching and engaged in collaborative learning with other hospitals. Later in the project, local, in-person assistance was invaluable in increasing the effectiveness and speed of testing and implementing the changes.

As a result of the project, Chinese Hospital has met and sustained its goal of reducing 30-day heart failure readmission rates by 30%. After this success, the hospital expanded the intervention to patients with chronic obstructive pulmonary disease, followed by 30-day all-cause readmissions. Readmission rates in these groups saw similar reductions. "Patients and families know self-care skills and do much better when they go home," says the Clinical Nurse Specialist. "They also know if they don't understand something they can follow up with us and we will help."

One caregiver provides testimony to the impact of the specialized care, reflecting, "I gained confidence of how to help [the patient] manage heart failure after I learned about chronic heart failure management from the nurses and dietician at the hospital and received reinforcing teaching. Before, [the patient] frequently went to the emergency room and was readmitted to the hospital; now [the patient] feels much better and [their] chronic heart failure is better controlled. [The patient can] stay home comfortably. It's a big relief."

Integral to these successful efforts is a 14-member, multidisciplinary transitional care team which facilitates collaboration within and across nursing staff, nutritional services, pharmacy, social services, outpatient services, outpatient home care agencies and medical staff. The Chief Nursing Officer appreciates how the grant brought this team together to work across disciplines: "More than anything else, that forced multi-disciplinary team made the project so much more effective. Everybody owns it. If it fails, who fails? We all do. And if we're successful, we're all successful. It sent a great message, that we're all here for the same purpose."

The team credits five other critical factors for the project's success: senior leader buy-in and involvement from the start of the project, a consistent physician champion, dedicated project staff, highly visual patient education materials designed for monolingual Chinese patients, and a root cause analysis of each readmitted patient to identify what led to readmission and how it could have been prevented.



*Current rates from January through March 2014.

A significant challenge facing the project was the number of patients with high rates of readmission due to disease progression. This turned into an unexpected opportunity with a positive impact—the development of a new palliative care program, built on the strong data-based evidence showing the frequently re-admitted patients who would benefit from palliative care. The program allowed for an innovative, team-based model with both palliative care expertise and the continuation of long-term, patient-clinician relationships.

The success of these efforts has led to a shift in the organizational mindset of Chinese Hospital, which now places greater attention on discharge efforts and has committed investments from the organizational budget to maintain these practices. An additional grant of \$50,000 from the Foundation has helped the hospital fully integrate the successful discharge planning intervention into the hospital discharge process.

PREPARING CHANGE AGENTS TO IMPROVE PATIENT SAFETY

As healthcare reform has taken shape, there has been an increased demand for patient safety and quality of care, along with dwindling resources. In response to these shifting demands, the Nursing Initiative supported the University of California, San Francisco's Center for Health Professions to establish the Change Agent Program (CAP). CAP is a leadership development program that took emergent leaders from 20 adult acute care hospitals across the San Francisco Bay Area and supported them in creating change initiatives at their hospitals. The program also works to create a network of Change Agents within and across participating hospitals. CAP is uniquely multidisciplinary, engaging emergent leaders across position types and different programs within hospitals. The ultimate goal for CAP is for participants to acquire the core skills needed to promote and lead change in improving quality and patient safety within their hospitals.

From 2008 to 2013, CAP ran three 18-month cohorts, with approximately 90 leaders graduating from the program. Often, multiple individuals from the same department participated in CAP, enabling them to take the leadership principles and practices back to their hospitals as a group. For example, a number of individuals from the Department of Anesthesia at San Francisco General Hospital participated in CAP, and as a result, a cultural shift took place in their department. The first CAP participant from this department reflects, “[after CAP] we had a common vocabulary, a common thought process around how to move individuals, teams and ultimately the organization in a positive direction. There is a palpable shift in our organization, all the way to the top.” Over the course of the program, participants received training on project and change management, data analysis, and team work, in addition to individual coaching and a professional development plan. Finally, as a keystone to CAP, participants worked on cross-disciplinary project teams to improve patient outcomes within their hospitals.

Although the projects have been implemented during unstable times for hospital funding and leadership, most have been successful and have made substantial contributions toward measureable improvements in the quality and safety of patient care. Over 90% of the projects resulted in cost savings and/or improvements in quality and safety in participants' hospitals, as well as improved clinical outcomes (e.g., a 15% reduction in sepsis mortality). CAP has also enhanced participants' leadership skills and facilitated cross-organizational collaboration. As described by the Program Director, “You get cross-fertilization across institutions and broadened networks; there is individual as well as organizational benefit.”

Important to CAP's success has been embedding projects and the change model within organizations. For example, one project at San Francisco General Hospital focused on reducing medication errors through independent double checks for life-threatening medications. Through an educational program, they were able to increase awareness and accuracy of administration to 96% with nurses. As CAP is disseminated to the Los Angeles area with the support of the Nursing Initiative and moves to a tuition-based model in the San Francisco Bay Area, it will continue its interdisciplinary focus to create Change Agents at all levels of practice and accelerate improvement processes in acute care hospitals.

CAP PROJECTS: FOCUS, SAVINGS & SELECT PROJECT EXAMPLES

Project Focus	# of Projects	Reported Savings	Example Project Name	Example Project Outcomes
Clinical Outcomes	25	~\$5.4M	Reducing Severe Sepsis Mortality	Accurate diagnosis of sepsis via screening improved from 80% to 91% and mortalities due to sepsis were reduced from 32% to 19.7%
Patient Safety	14	~\$1.5M	Medication Reconciliation: From Wreck to Rec	90% of hospital inpatients complete a pre-admission medication list within 24 hour of admission to the hospital
Patient Experience	13	~\$2.8M	Improve the Patient Experience	Successfully reduced appointment wait times by 50% to 65% for outpatient appointments and by 88% for inpatient appointments for radiology services
Process Improvement	24	~\$2.7M	Improving On-Time Discharge on the Mother/Baby Unit	On-time discharge rates increased from 32% to 44%
Workforce Improvement	9	~\$200K	Process Improvement Behind Bars	Successfully engaged 88% of all staff in process improvement projects and 99% staff satisfaction
Total	85	~\$12.6M		

NURSE CHAMPIONS & INTER-PROFESSIONAL TEAMS REDUCING SEPSIS MORBIDITY & MORTALITY

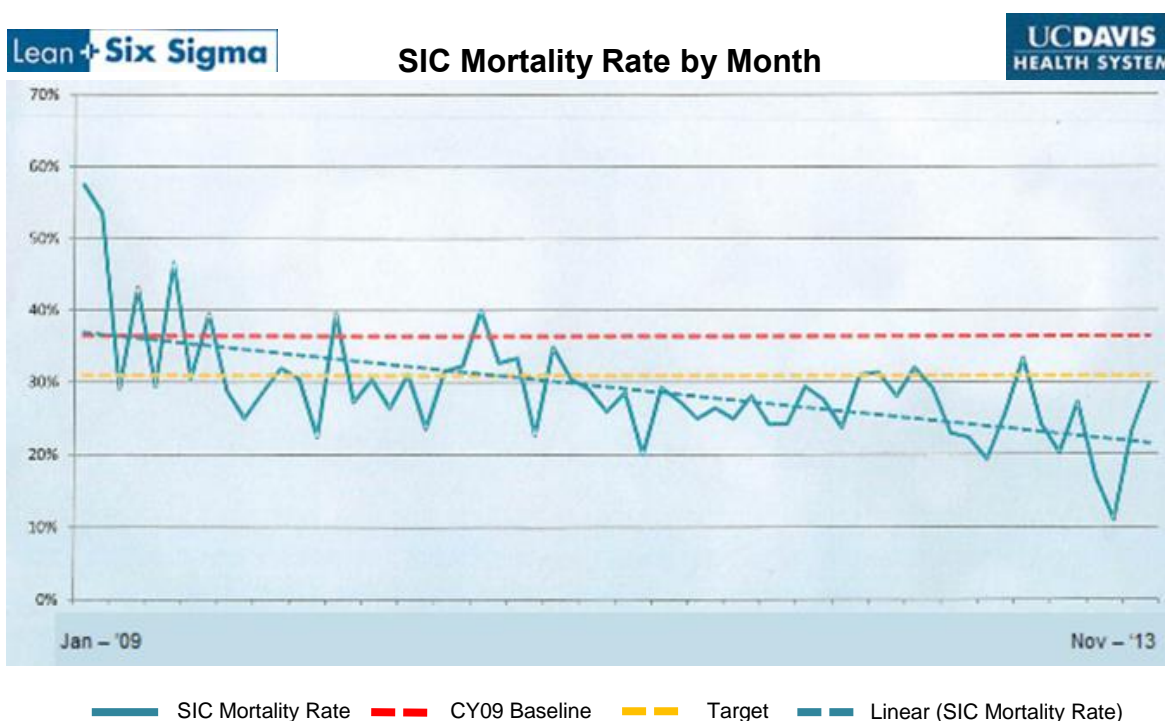
As a result of several safety initiatives supported by the Nursing Initiative, the University of California, Davis Medical Center (UCDMC) has achieved an impressive set of improved patient outcomes. A key factor to these successes is the peer-to-peer coaching provided by unit-based Nurse Champions. The Chief Patient Care Services Officer and Director of Nursing at UC Davis Health System explains, “Nursing champions are a critical part of our unit-based patient safety infrastructure, working to improve quality indicators through teaching and coaching.” Frontline nurses are selected to be Nurse Champions and to focus on a particular performance improvement area. After receiving training through the program, they are responsible for ensuring that the nursing process changes for that particular improvement are understood and correctly implemented in their assigned units. UCDMC has 1,800 nurses and nurse practitioners who provide care to more than 200,000 patients every year in its 619-bed, acute care hospital and its primary- and specialty-care clinics. In the patient safety initiatives that UCDMC has taken on since 2009, the hospital has had at least one Nurse Champion in every adult acute care unit, including the ICU, medical/surgical units and telemetry.

The importance of the Nurse Champion’s role became apparent in UCDMC’s sepsis reduction initiative between 2009 and 2013. UCDMC staff wanted to design an infrastructure that could develop, implement, manage and, if the pilot was successful, spread the intervention throughout the hospital. For an earlier grant from the Nursing Initiative, their Program Officer had suggested a peer-coaching model tried by another grantee hospital. The sepsis planning group took this model, made some adaptations and incorporated it into a structure that would support the launch and implementation of the sepsis safety initiative. The structure had four key elements: Patient Safety Quality Improvement Registered Nurses, who worked hospital-wide; one or more Physician Champions, also working hospital-wide; several Nurse Champions, one per unit; and an inter-professional work group. “One of the most important contributions of the Nursing Initiative,” says the Director of Nursing, “was the requirement of a nurse-led initiative for each grant. That led to a culture of inter-professional work here.”

Once the inter-professional work group designed the intervention and established protocols, Nurse Champions and Physician Champions encouraged and coached their peers to adhere to the protocols for early identification and speedy treatment of patients. The IT system was programmed to trigger alerts based on data in patients’ electronic health records to notify clinicians and remind them of required steps and timeframes. A clinical manager monitored protocol compliance and asked Nurse Champions to follow up with clinicians if needed.

Similarly, the Physician Champion was responsible for encouraging the participation of physicians who initially preferred to opt out of the new sepsis procedures. Unit by unit, the Nurse Champions monitored progress toward goals through reviews of a sepsis registry and patient charts and provided real-time feedback to their peers. They developed five- to ten-minute PowerPoint teaching tools that they shared in the units to keep clinicians focused on the goal of reducing sepsis mortality. As the project advanced, the Nurse Champions worked with others in their units to brainstorm ideas and fine tune procedures.

Over the course of the project, UCDMC reduced the rate of sepsis mortality by 24%, a major victory for patient care. A parallel victory for the nurses involved in the project was physicians' appreciation for the rigor of their data collection and analysis and increased recognition of nurses' contributions to patient safety. Pathologists who previously had minimal understanding of the potential role of nurses in performance improvement now ask to include Nurse Champions in their projects and research. "The rigor and science behind that grant project increased the credibility of the nurses who were working on that particular grant," said the Director of Nursing. "The performance improvements highlighted the importance of collaboration for our entire medical staff."



EL CAMINO HOSPITAL'S JOURNEY TO OBTAIN & MAINTAIN MAGNET STATUS

When she meets a newly hired nurse at El Camino Hospital, the hospital's Chief Nursing Officer usually asks them why they chose to work at El Camino. "Almost everyone says, 'Because you're a Magnet hospital.' Quality nurses know that Magnet hospitals are good places to work."

Magnet designation, a registered brand program of the American Nurses Credentialing Center, recognizes healthcare organizations demonstrating the highest levels of quality patient care and nursing excellence. El Camino Hospital, a community hospital in Mountain View, CA, achieved Magnet designation in 2005, the first hospital in the San Francisco Bay Area to achieve this prestigious distinction. The hospital has maintained Magnet designation since then, successfully applying for and receiving redesignation in 2010. In 2013, El Camino Hospital began the two-year process for their next redesignation and will hear the results in late 2014.



Take the
JOURNEY

The Nursing Initiative has played a major role in El Camino Hospital's journey to obtain and maintain Magnet designation. Magnet designation is a priority strategy of the Nursing Initiative, because the program recognizes nurses as key drivers of healthcare quality and draws on sound research that has shown a direct correlation between nurse satisfaction and improvements in patient outcomes. Between 2006 and 2014, the Initiative awarded three grants, totaling \$110,000, specifically to support El Camino Hospital's pursuit of Magnet designation. While these grants were fairly small relative to many other Initiative grants, they played a big role by supporting a readiness assessment and expert consultation that helped the hospital identify and address areas that needed strengthening.

Because nursing research knowledge had been identified by Magnet assessors as a noticeably weak area, the El Camino team used some of the Nursing Initiative support to visit Lehigh Valley Medical Center in Pennsylvania to observe their nurse scientist program and processes for implementing evidence-based practices. The Chief Nursing Officer describes this learning opportunity as intense and eye-opening: "For us, an independent community hospital, attempting to improve our research was more difficult than if we had been part of a large hospital system. Because of this, the Foundation's support was especially helpful." She describes how the team returned to California ready to apply what they learned: "We synthesized what we learned, analyzed it, and came up with our own program for engaging nurses in research." The hospital created its own unique research model and formed a nursing research council, which has become part of the hospital's shared governance structure.

In addition to direct grants, other Nursing Initiative efforts supported El Camino Hospital's progress toward Magnet designation. Through participation in the Nursing Initiative's BEACON hospital patient safety collaborative, El Camino nurse leaders learned best practices from national experts and from their local hospital peers and had access to high-quality training and support on change management theory and implementation. Numerous El Camino nurses and other clinical leaders participated in the Change Agent Program, a University of California, San Francisco leadership development program sponsored by the Nursing Initiative. Having different aspects of the Initiative's support occurring at the same time helped the hospital build its case for Magnet redesignation by developing leadership and project development skills in nurse leaders. "I could take a lead on making changes in a different way," says a nurse who completed the Change Agent Program and is now a Program Manager in the Performance Improvement Department. She recently led a successful project to reduce the level of constant observation of patients with delirium and drew on her Change Agent training to develop new tools and develop staff buy-in. "I understood the change process from a healthcare point of view. I am a much better communicator and leader now," she says.

The journey to Magnet designation has been a very positive process for El Camino Hospital. The changes prompted by the Magnet readiness assessment have led to more awareness among nurses of how their care processes directly influence patient outcomes. The Chief Nursing Officer says, "Since we began our Magnet journey, our quality reporting has improved for nurse-sensitive indicators.... We're doing better in our data collection, and we have dramatically improved our outcomes."

Stakeholder Reflections on the Impacts of the Nursing Initiative

In this section, we describe the impacts of the Nursing Initiative from the perspectives of grantees, Foundation staff and external stakeholders, as captured by grantee survey data and interviews. These individuals were asked about impacts beyond any individual grant or grant project. Most respondents were able to speak to broader impacts to some extent, usually discussing progress in reaching the Initiative's primary goal of improving patient safety in acute care hospitals. However, since many respondents had limited awareness of and/or experience with the Initiative overall, they often reflected on impacts at the strategy or project level. In addition, although the Initiative did not intend to make impact beyond the San Francisco Bay Area and Greater Sacramento area, we provide some early learnings about the ripple effect of the Initiative outside of the regions.

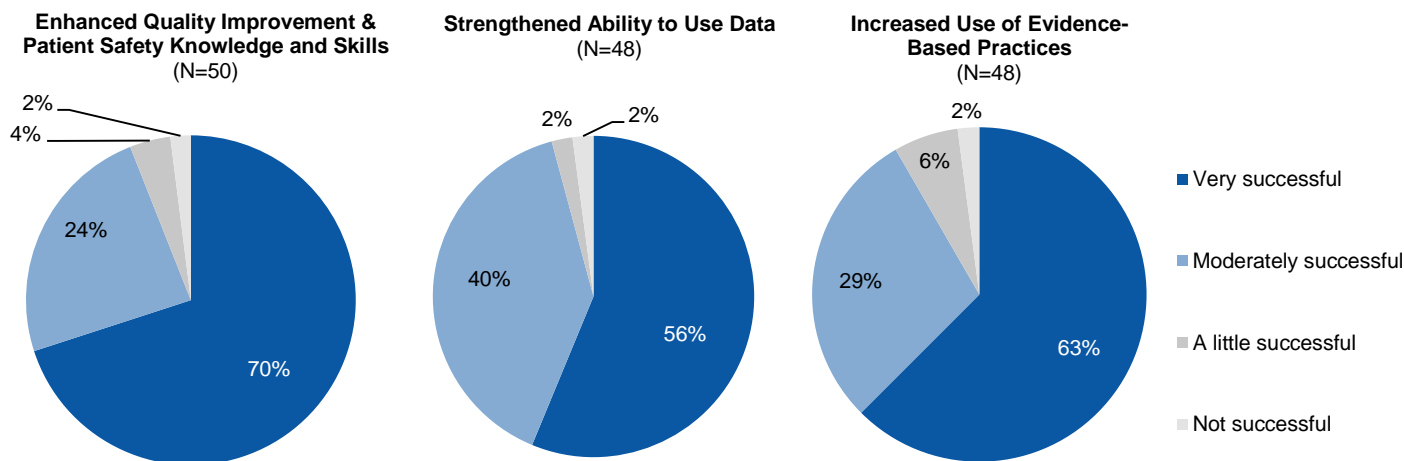
Impacts within the Focus Regions

The most significant impact of the Nursing Initiative is enhanced patient safety and care within hospitals (Exhibit 17). Grantees and external stakeholders agree that they see the greatest impact of the Initiative is improving hospital patient safety. They say that Nursing Initiative-supported projects over the last decade have helped to provide a setting of safer care in the regions' hospitals. In describing the results of their projects, many grantees are elated and proud about having implemented changes that have ultimately saved lives and are professionally satisfied from having successfully challenged the acceptance of hospital-induced illness as "a cost of doing business." As one informant said, describing working with colleagues from another hospital, "This [work] was bigger than any one of us, and we're now skilled in tackling it."

A cadre of skilled nurses is advancing quality improvement and evidence-based practices in local hospitals (Exhibit 17). An impact of the Nursing Initiative which essentially supports the impact of greater patient safety is the strengthening of nurses' knowledge and skills. The Initiative's education, skill building and expectations that nurses would use evidence-based practices have translated into increased use of evidence-based practices at patients' bedsides. In addition, there is a greater prevalence of data-driven performance improvement work among nurses for patient care. As one external stakeholder notes: "The Nursing Initiative work has helped nurses look at their work in a much more quantified way. This is an important achievement... that helps nurses develop [their own skills] but also produces important outcomes for the patients and the hospitals." Grantees and external stakeholders feel strongly that nurse-led changes were successful due to the Initiative's approach of training and empowering nurses to identify solutions to problems. Ideas for patient care improvement offered by

frontline nurses, when implemented, typically have resulted in positive changes, as documented in the outcome data from grantees.

Exhibit 17
**Grantees' Success Ratings for the Nursing Initiative's
 Impact on Frontline Nurses & Clinicians**



These skilled nurses are feeling more empowered to drive improvement efforts in the clinical practice setting (Exhibit 18). Trained nurses who are well-versed in the latest studies or evidence-based practices are asserting themselves among their colleagues to improve patient care. Grantees and stakeholders say the Nursing Initiative contributed to a sense of empowerment among nurses and other frontline clinicians, who are increasingly taking a leadership role in their units. Both the enhanced education and training (e.g., advanced degree programs, leadership development programs) have prepared the nurses to lead the implementation of efforts to improve patient care.

“The Nursing Initiative has been wildly successful. It has increased nursing satisfaction and comfort. Nurses feel safer giving medications and the number of errors has greatly diminished.”

— Grantee

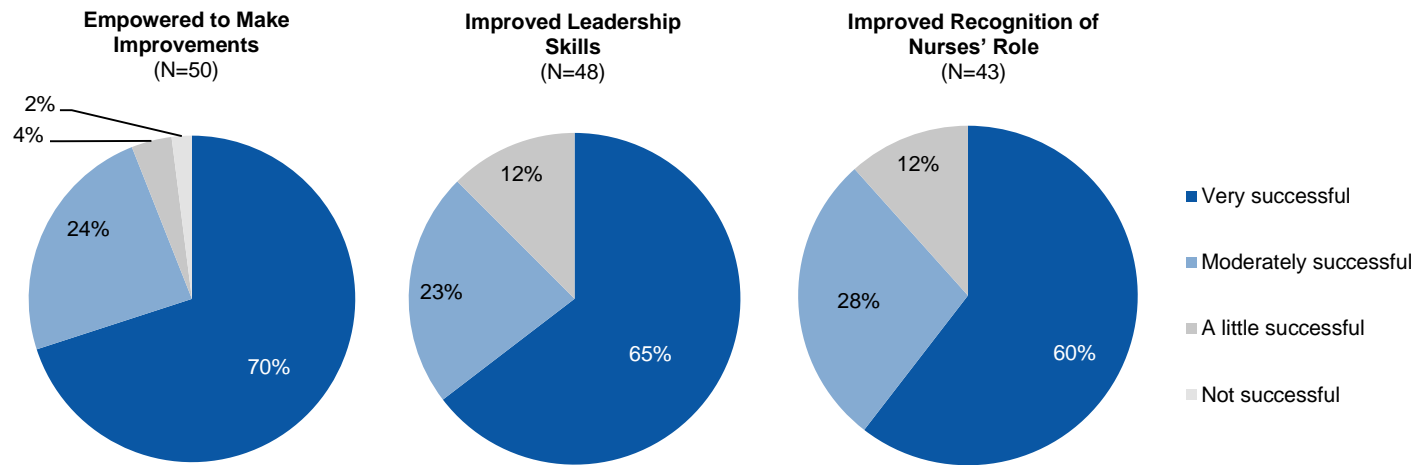
The Nursing Initiative helped elevate the status of nurses within hospitals and beyond (Exhibit 18). Grantees report that inter-professional teams that include nurse leaders are more common in their hospitals now. In some cases, hospital committees are explicitly requesting that nurses be represented. Many grantees report that nurses' familiarity with and advocacy for evidence-based practices led to greater respect shown to them by physicians and others. The Nursing Initiative's explicit strategy of building nurses' leadership in achieving outcomes raised the visibility of nursing within participating hospitals. As projects were replicated and lessons shared through conferences and journals, other groups across the country (e.g., patient safety organizations, health economists, geriatric specialists) also became more attentive to nursing's important role.

“When physicians see nurses so engaged, using evidence and data to support their claims, it makes a big difference on their receptivity, both listening to the nurses and changing their practice.”

— Grantee

Beyond the hospitals, nurses are exhibiting greater leadership at a regional level (Exhibit 18). There is a greater presence of nurse leaders in the regional healthcare landscape. Through the Initiative’s investments in developing nurse leaders and nurse educators, as well as its team-focused and collaborative nursing projects, the region has more highly educated nurses (e.g., doctoral programs) and nurses more familiar and comfortable with proactive professional practices (e.g., research, evidence-based practices, team-based care). Informants believe these Nursing Initiative contributions have raised the profile of individual nurse leaders, nursing groups and the profession as a whole within the region.

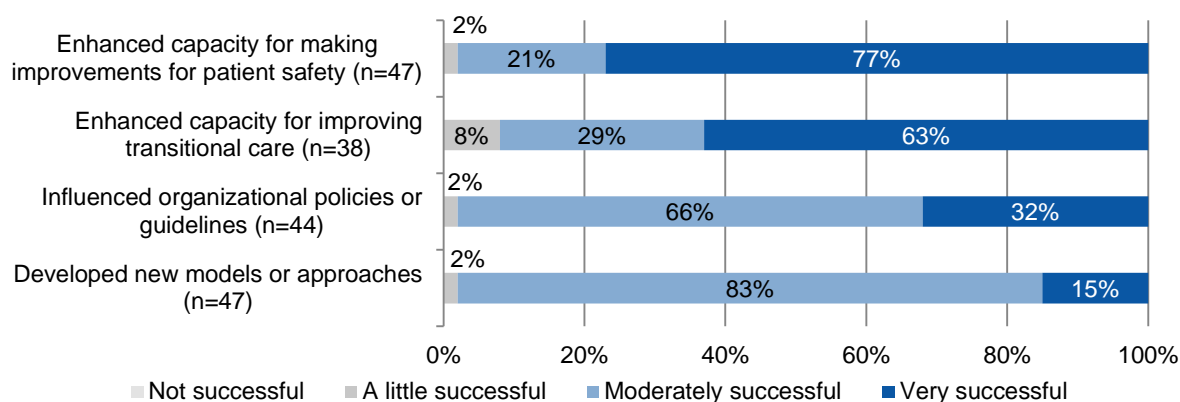
Exhibit 18
**Grantees’ Success Ratings for the Nursing Initiative’s
Impact on Frontline Nurses & Clinicians**



Hospitals have developed greater capacity to improve patient care, including new models, approaches and guidelines for improving inpatient care and patient transitions (Exhibit 19). Numerous grantees working within the transitional care and hospital patient safety strategies note organizational changes that have been made to improve the quality of patient care. For example, organizations have changed their sepsis protocols and revised isolation precaution guidelines to minimize the risks of infections; begun using electronic health records for sepsis alerts and tablet computers with avatars for patient education during transitions; and implemented LEAN processes, data dashboards and continuous quality improvement cycles. Grantees note that the Nursing Initiative helped staff at hospitals look at driving factors for certain patient safety issues and address those through process changes (e.g., engaging hospital staff at different levels, bringing in culturally competent transition coaches). A few grantees report that the grant project allowed them the time and space to work on these issues and implement and troubleshoot changes, which has led to a good foundation on which to base future work. One grantee notes, “The work initiated through the grants has served as a foundation for policies and guidelines and continues beyond the period of the grant.” Another grantee says, “When we took that grant project into our regular cycle of work, we knew to do those things the right way.”

Hospitals gained a greater understanding of how to use data, and many built greater internal capacity for data collection and management. Similar to the emphasis on evidence-based practices, the expectation of excellent data collection to drive performance improvement contributed to better patient safety in the region. The Initiative leaves this as a legacy within grantee organizations and with individual nurses who participated—a greater capacity to use data smartly, as well as an appreciation for assessment rigor. In some settings, the onset of data-intensive, Initiative-supported projects coincided with the arrival of electronic health records. For some grantees, this created difficulties or delays; for others, the coincidence was beneficial.

Exhibit 19
**Grantees' Success Ratings for the Nursing Initiative's
 Impact on Hospitals & Associated Organizations**



The Nursing Initiative sparked a transformation in some hospitals' cultures around patient safety.

Whereas, in the past, some hospitals had cultures in which staff did not feel comfortable sharing mistakes or worried about lawsuits, the Nursing Initiative-supported work prompted staff and hospital leaders to approach patient safety issues with greater transparency. Grantees say the culture in their organizations has changed to where staff now ask questions about why a problem occurred, where the process or system of care broke down, and how to resolve the issue and make improvements to the process. For example, one grantee developed a frontline team that meets every month to talk frankly about potentially sensitive issues, like poor patient transitions, patient falls and sepsis.

“The Nursing Initiative helped create a culture where the path to improvement is so much easier. People used to worry about sharing information because they might get in trouble or might be sued; we learned over the period of time that we’ve been involved with one another that it’s absolutely the wrong way to approach improving patient safety.”

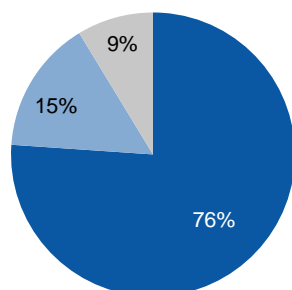
– Grantee

The Nursing Initiative also prompted hospitals to prioritize work on preventable conditions and hospitalizations (Exhibit 20).

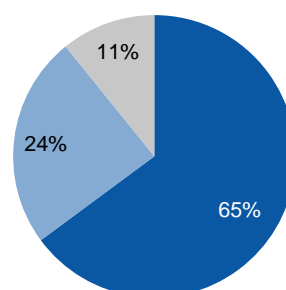
Grantees note that the Nursing Initiative helped make hospital leadership more attentive to the need for focused work on the quality of patient care and safety. While informants say there were also national trends headed this way, the Nursing Initiative certainly put the issue “front and center.” The data focus of the Initiative helped create more buy-in at the executive level; as the data showed that patient safety was improving, executives increasingly saw the value in the work. In addition, the Nursing Initiative provided the support for hospitals to make patient safety a priority in their organizations. As one grantee notes, “The Nursing Initiative challenged our organization to change our thinking from acceptance of hospital-acquired conditions to one of ‘we can get to zero harm.’ The support escalated our improvement efforts and facilitated engagement of the direct care providers to lead the change.” Hospitals also elevated their interest in improving transitional care processes. What was seen as an experiment at the beginning of the Initiative has evolved into a recommended practice with the potential of pay-for-performance incentives for hospitals.

Exhibit 20
**Grantees' Success Ratings for the Nursing Initiative's
 Impact on Hospitals & Associated Organizations**

**Elevated Organizational Priorities for
 Improving Patient Safety**
 (N=46)



**Elevated Organizational Priorities Improving
 Transitional Care**
 (N=37)



■ Very successful
 ■ Moderately successful
 ■ A little successful
 ■ Not successful

“No one else was saying, we can help you solve this problem, whereas the Nursing Initiative said, ‘give us a plan about how you want to improve.’ They continually pushed our thinking, like by bringing in speakers to help us understand new research and trends.”

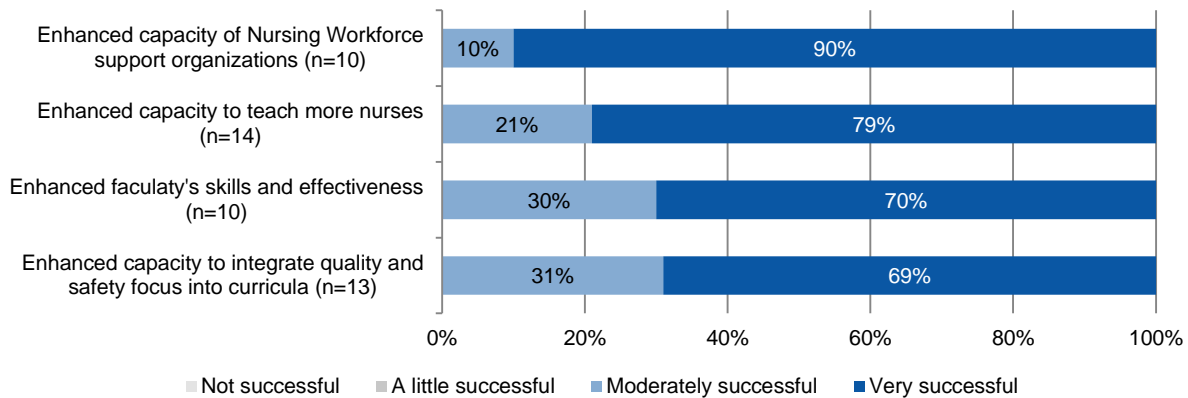
– Grantee

There is an improved infrastructure for nursing education in the San Francisco Bay Area, which had a significant impact on the nursing workforce at the time of the shortage (Exhibit 21). Grantees note that the Nursing Initiative has improved the capacity of schools as well as their quality of education for nursing students (Exhibit 22). The region has developed greater capacity to prepare nursing school students and support their transition into nursing careers with local institutions. As noted in earlier sections, there was a great need for this increased capacity at the start of the Initiative, and the hiring of more nursing faculty and increasing student enrollment helped address the imminent problem. However, even after this impending problem subsided, the Nursing Initiative had built the capacity of schools to better prepare nurses for clinical positions. As one grantee notes, “The most significant impact became apparent when speaking with nursing school students. The students could clearly discuss each of the quality and safety competencies.” The cumulative successes of the Initiative-supported projects led to the expanded capacity of nursing schools and nursing workforce organizations, setting the stage for a stronger academic environment in which to prepare the region’s nurses for patient care work.

BETTY IRENE MOORE SCHOOL OF NURSING

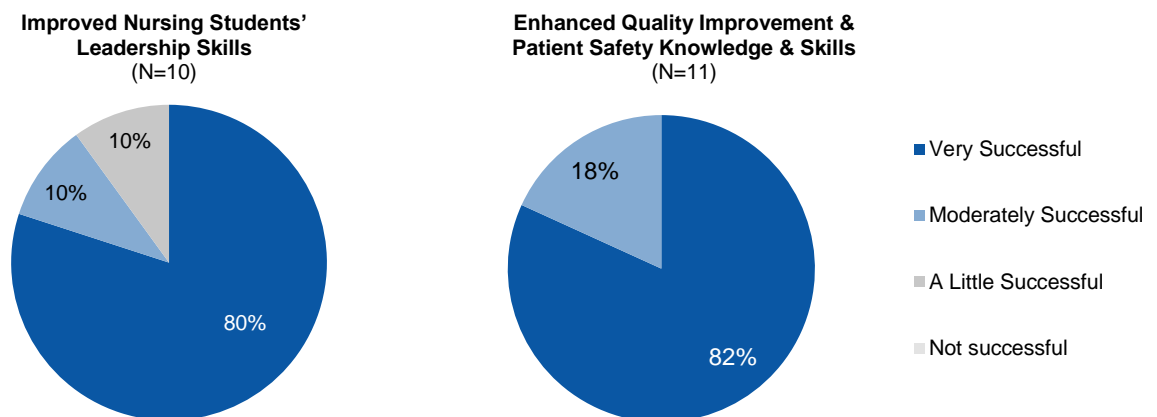
Both external stakeholders and some grantees report that the Betty Irene Moore School of Nursing at the University of California, Davis is a very significant impact of the Foundation’s work. Even though this funding is separate from the Nursing Initiative, people external to the Foundation see it as an embodiment of the Initiative’s efforts to strengthen nurse leadership and establish optimum practices in patient care and patient safety.

Exhibit 21
Grantees' Success Ratings for the Nursing Initiative's Impact on Nursing Schools & Associated Organizations



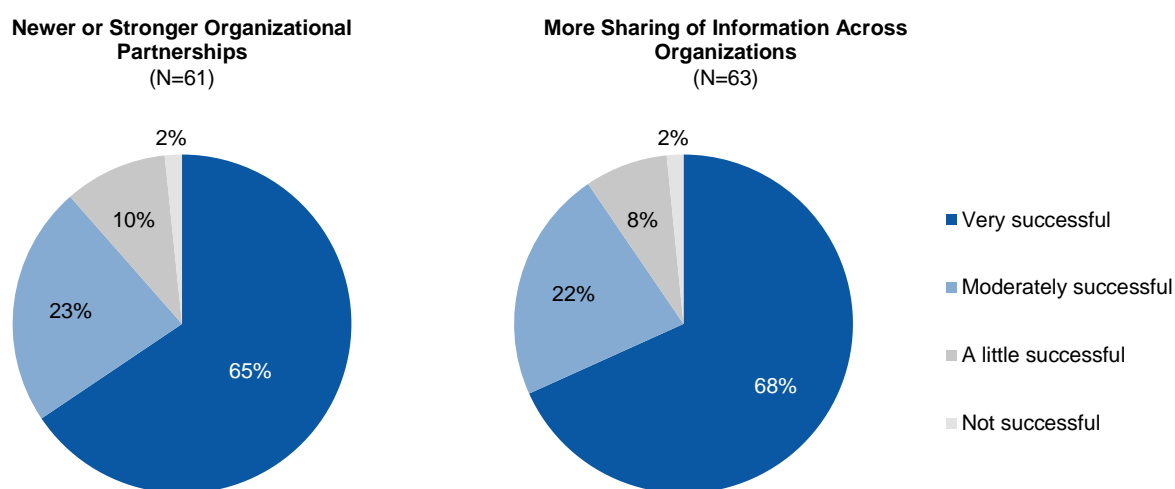
Many Initiative grantee organizations acquired new status as leadership institutions regionally and nationally. Informants familiar with healthcare and nursing issues say the Initiative established regional hospitals and individuals as national leaders in the field. The cross-organization discussions and learning opportunities of the Nursing Initiative gave individuals experience in crossing boundaries and sharing their knowledge and perspective for the benefit of others. Several grant projects addressed emerging topics in healthcare, and as these grantees gained expertise they were sought out as resources by others across the country. For example, some of the grant projects within the transitional care strategy were looked to as models and sources of information by hospitals across the nation. Some informants also believe the Nursing Initiative's investment in transitional care models stimulated higher interest and faster adoption of these projects within the region. The grant projects for sepsis reduction and intensive care unit liberation also elevated the status of the grantee institutions as their projects became known and replicated elsewhere.

Exhibit 22
Grantees' Success Ratings for the Nursing Initiative's Impact on Nursing Students



Across the regions' nursing-related institutions, there are new and stronger partnerships as well as more frequent sharing of information (Exhibit 23). Grantees report huge benefits from the Nursing Initiative-supported partnerships and collaboratives which generated collective learning, tangible assistance and collegial support across grantee organizations. Grantees benefitting in this way include nursing schools, hospitals, academic institutions, community-based organizations and practice associations. An important ingredient for many impressive stories about grantees' success is the critical role of partnerships and collaboratives in positioning grantees to more successfully carry out their own programming and attain their individual grant goals. Some grantees note that these cross-organizational relationships have endured after their Nursing Initiative support ended. The next two paragraphs give more specifics on the longer-term benefits expressed by different types of grantees.

Exhibit 23
**Grantees' Success Ratings for the Nursing Initiative's
 Impact Across Organizations in the Regions**



“The great community that has been built is fantastic. When we first started, it was not uncommon to not know what was going on in the hospital down the street. The climate has changed. People are supportive of one another, willing to share challenges and outcomes.... At a national meeting, I told others about BEACON and some were so surprised. There, they still compete.”

– External stakeholder

Collaboration and transparency among the region's hospitals has had a valuable impact with potential longer-term benefits. Grantees say that “cross-organizational collaborative learning” is rare in healthcare but sorely needed. Many grantees say they were surprised to find that transparency in front of their perceived competitors yielded positive, rather than negative, results; the sharing of struggles (e.g., staffing challenges, failed efforts) as well as successes often led to useful insight and new information to benefit their grant projects, individually and collectively. However, there were also the less obvious benefits, such as the “soft” competition from sharing comparison data across hospitals and the shared regional momentum which helped push progress on key hospital patient safety outcomes (e.g., sepsis reduction, intensive care unit liberation). Many grantees involved in the transitional care efforts comment on collaborative learning, both with other Initiative grantees within hospitals as well as community-based organizations with whom they worked as part of their grant.

“[As part of our Nursing Initiative-supported work] our organization was able to forge a community-based collaborative with agencies that had never, in our many years of serving our patients, sat down at the table with our organization to discuss common patient-centered objectives; together we were able to implement a novel IT application that has supported a team-based model of communication and collaborative care transitions planning.”

– Grantee

The partnerships for nurse education that were forged through the Initiative changed the region’s nursing workforce infrastructure. To achieve the Initiative’s early vision of more and better-prepared graduate nurses required more than single grants to institutions. Grantees and external stakeholders acknowledge that cross-organization cooperation was a key factor in achieving the larger pool of well-trained nurses, from the creation of improved curricula to agreements around a shared on-line nurse recruitment and placement system. The Nursing Initiative’s practice of asking potential grantees to help define the problem to be solved as well as possible solutions meant that the region’s nursing education leaders spent time together and built new organizational relationships. According to some grantees and external stakeholders, creating this community around shared interests changed the culture of nursing education in the San Francisco Bay Area. Further, these partnerships—particularly linkages between academic institutions and the hospitals and organizations that hire nurses—made significant and lasting contributions to the infrastructure that continue to support the development of new nurses.

Impacts Beyond the Focus Regions

Despite the intentional targeted focus on the San Francisco Bay Area and Greater Sacramento area, most grantees and external stakeholders think that the Initiative has had some impact beyond these regions. While less frequent and prominent as compared to regional impacts, 70% of grantees think that the Initiative has had an impact outside of the target regions; about a quarter of grantees were uncertain. While external stakeholders had varying degrees of familiarity with the accomplishments of the Initiative, most could describe at least one way that the Initiative had an impact in other parts of California, the country or even the international community.

Some grantees and external stakeholders who were more familiar with the Nursing Initiative thought that it had contributed to a national momentum to enhance patient safety. They supported their impression of this broader influence by referring to:

- Hospitals in other regions of the country that have been learning from and modeling Nursing Initiative-supported projects to enhance patient safety (e.g., sepsis reduction projects);
- The knowledge generated by the Nursing Initiative that has contributed to changes in hospital practices and improved patient safety in hospitals;
- The launching of educational and career development programs for frontline nurses, and sometimes other clinicians, that have been replicated elsewhere; and
- The individuals and organizations who, in part due to their involvement in the Nursing Initiative, are perceived as national leaders in the fields of hospital patient safety, transitional care and nursing education.

One of the most common impacts noted was the contribution made by the Nursing Initiative to support changes in sepsis reduction guidelines that are now used nationally and internationally (see box). In addition, several grantees noted that the Nursing Initiative work had played a role in influencing policy changes beyond the target regions. Examples of this type of broader impact include:

- Grantee research and successful patient care practices that are now mirrored in hospital pay-for-performance;
- The RN Transition Programs, through which grantees worked with the California Department of Public Health, developed a formal waiver policy for home health agencies that enable them to hire new RN graduates who completed a transition program; and
- A Foundation-funded white paper that was instrumental in supporting passage of AB1295, streamlined nursing-related course transfers from the community colleges to the California State University system.

The Initiative's regional impact has been magnified by the replication of successful Initiative-supported projects in communities and organizations across the country. To date, 19 of 27 key projects originally funded by the Initiative have been replicated outside of the two focus regions. These replicated projects span across the Nursing Initiative strategies (see Appendix F).

CONTRIBUTING TO REDUCTIONS IN THE SEPSIS MORBIDITY AND MORTALITY AROUND THE WORLD

In 2010, the Society of Critical Care Medicine (SCCM), the largest multi-professional organization dedicated to ensuring excellence and consistency in the practice of critical care, received funding from the Nursing Initiative to update revised guidelines for the treatment of patients with severe sepsis and septic shock. These guidelines, available on SCCM's website, have been accessed over 6.8 million times since their completion in 2013. Their widespread dissemination has led to the introduction of sepsis measures to the National Quality Forum, which is instrumental in advancing efforts to improve quality through performance measurement and public reports. The sepsis measures have also been included on the Centers for Medicare and Medicaid 2017 inpatient payment roll. A second Nursing Initiative grant, in 2013, provided support for SCCM to develop and disseminate a new consensus statement for early identification and treatment of severe sepsis and septic shock. One aim of this work is to spread the guidelines internationally, including an amended version to resource-limited countries around the world. As the SCCM Director of Program Development reflects, "The reach of this activity surprised us. I don't think the Foundation had done much national work in the healthcare space, but here we are having impacts not just nationally but internationally."

"At one point, 50% of our key projects, including sepsis guidelines and the Accelerated Doctoral Program, were being replicated outside the Bay Area, even without us trying."

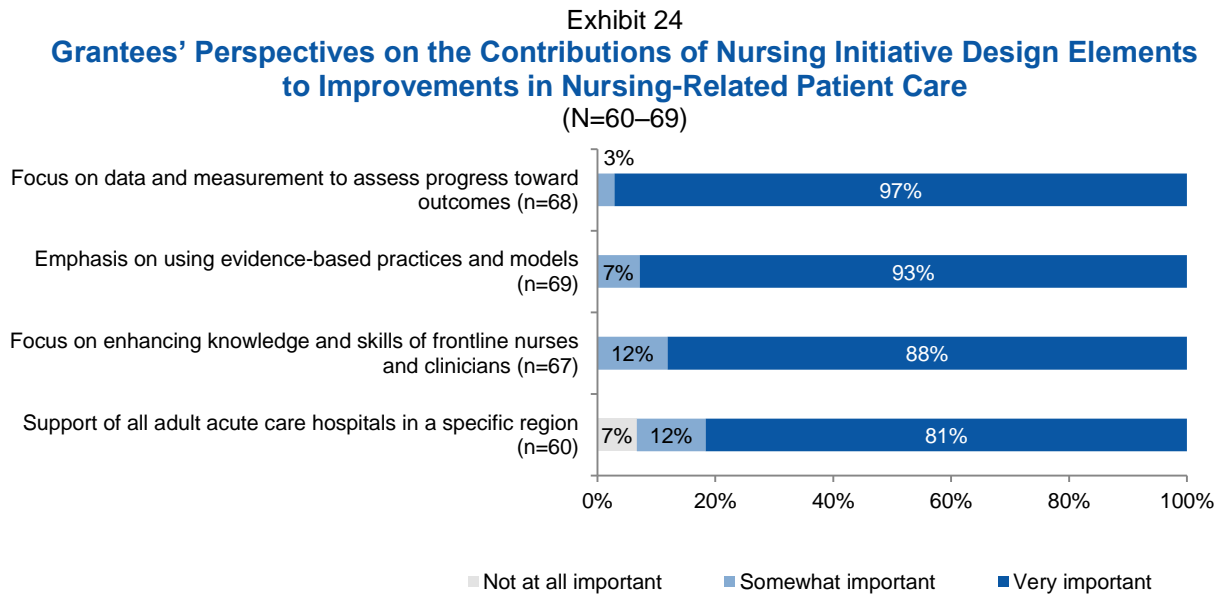
– Foundation staff

Stakeholder Reflections on the Nursing Initiative Design & Implementation

This section provides findings about the Nursing Initiative design and implementation from the perspectives of grantees, external stakeholders and Foundation staff. Whereas early sections of the report document the evolution of the Initiative’s design and implementation, this section takes a deeper look into survey and interview data and includes both strengths and areas for improvement related to the Initiative’s design, support and approach. At the end of the section, we include a few reflections about the Nursing Initiative’s operation within the larger Foundation.

THE NURSING INITIATIVE’S DESIGN

Overall, grantees think that the Nursing Initiative’s key design elements—the focus on data and measurement, the use of evidence-based practices, the focus on frontline nurses and clinicians, and the support of hospitals within defined regions—have been very important to improving nursing-related patient care (Exhibit 24). The subsequent paragraphs provide more detail about grantees’ reflections on these specific elements of the Nursing Initiative design.



While grantees found the Nursing Initiative's focus on data and measurement beneficial, it was also very time consuming and difficult. Some describe it as a “challenge to keep up” with the requests, especially when frontline nurses, clinicians or department leaders were leading the measurement efforts and were typically juggling many other responsibilities. In spite of their periodic “data fatigue,” many grantees found that the data monitoring requirements were ultimately beneficial to their work in a number of ways. For example, the need to regularly report data kept their project teams on track, helped them use data to learn about which approaches were working or not, and provided data to help grantees credibly share their successful project experience with others internally and externally.

Some of the Nursing Initiative's measurements and data requirements were viewed as too narrow to measure the broader objectives of the work.

Grantees note that data and measures are complicated and caution that achieving a measurable goal does not mean that it is sustainable at that level in the long run. They emphasize the imperfect nature of the data and measures and the need for grantees to be able to lift their heads from the details to more fully understand the success or failure of interventions, including influencing factors. Foundation staff also acknowledge how a narrow focus on a few defined measurements can hide important indicators of change. The Nursing Initiative's sharp focus on the ten quantitative Board-approved outcomes, for example, limited the ability to measure the fuller impact of the Nursing Initiative.

“The data rigor that is incorporated into the grants is important. As difficult as it is to collect and analyze the data...we needed to show how many patients we were serving and what interventions we were delivering. All of this was good to monitor so we could demonstrate what made a difference.”

– Grantee

Some grantees perceived a positive shift in the Nursing Initiative's data emphasis over time. At times, grantees felt that Foundation staff's requests for measurement, especially at the start of the Nursing Initiative, were unrealistic. Staff note that both the Nursing Initiative staff and grantees were learning about what to measure during the early years of the Initiative. Given the complex environment of the healthcare field, common measurement benchmarks were not always established across hospitals. As a result, it took a lot of time and effort to determine what to measure. Over time, the Initiative measures were seen as more realistic and appropriate to the on-the-ground experience of grantees and better aligned with Nursing Initiative objectives.

The Nursing Initiative's funding and support for data collection and measurement were essential for grantees' ability to report the type and amount of data requested. Foundation staff reflect that the data and measurement requirements were a costly part of the Initiative; they note that the grantees needed and appreciated assistance to determine what to measure, how to collect and utilize data, and when to make adjustments. Some of the earlier grantees report that they needed more assistance from the Nursing Initiative than they received; later grantees were more satisfied with the level of assistance.

“I sit down and talk with grantees about the identified intervention, and we discuss how they will do it, what staff need to be involved, how they will collect baseline numbers, who they need to talk to in the data department.... It is really sitting down with grantees to equip them to meet the grant outcomes.”

– Foundation staff

The Nursing Initiative’s approach of bringing evidence-based practices to local hospitals was a valued and important design element. As noted on page 14, grantees say that this often took place during the grant proposal development process, when Nursing Initiative staff suggested new ideas or approaches based on evidence. As one grantee notes, “Our program officer had the evidence, the science. She would argue with us and help us to use evidence to inform our practice. She was actively trying to change our practices.”

“There is a certain resignation among the nursing community that the Moore Foundation, which could have had a wider scope, didn’t. That’s their privilege, but the needs were so great and opportunities so many that there was a general feeling of resignation that the Foundation didn’t expand.”

– External stakeholder

The regional design of the Nursing Initiative had both benefits and drawbacks. The geographic limitations allowed the Nursing Initiative to work with all of the hospitals and nursing schools in a locally defined area. This helped to facilitate more meaningful collaboration and better measurement of impact. However, grantees who worked in hospital systems that spanned across other regions found it more difficult to spread practices throughout their hospital systems. Not surprisingly, external stakeholders, many of whom are not based in the San Francisco Bay Area, felt that the regional approach limited the Nursing Initiative’s ability to have a greater impact on the healthcare environment.

Many stakeholders and grantees agree that the Nursing Initiative met a key need in the healthcare field by focusing on nurses and other frontline staff; however, some would have liked to have seen a broader focus on the end user—the patient. Both Foundation staff and grantees note that the Initiative’s shift to inter-professional teams was a savvy move, given the evolution of the Nursing Initiative’s work (i.e., expanding beyond conditions that only nurses control) and pacing a trend in the broader healthcare field toward more team-based care. However, as one Foundation staff member notes, “While there was a reason we were focused on nurses, when you think of the ultimate goal to improve patient outcomes, focusing on nursing in isolation is not the best way to get to this goal.”

“The emphasis on nurses as the primary leaders was perhaps a bit strong. Our grant combines nurses, physicians and other ancillary, but essential, staff. The partnership and collaboration between these groups in this grant has been a huge part of our success.”

– Grantee

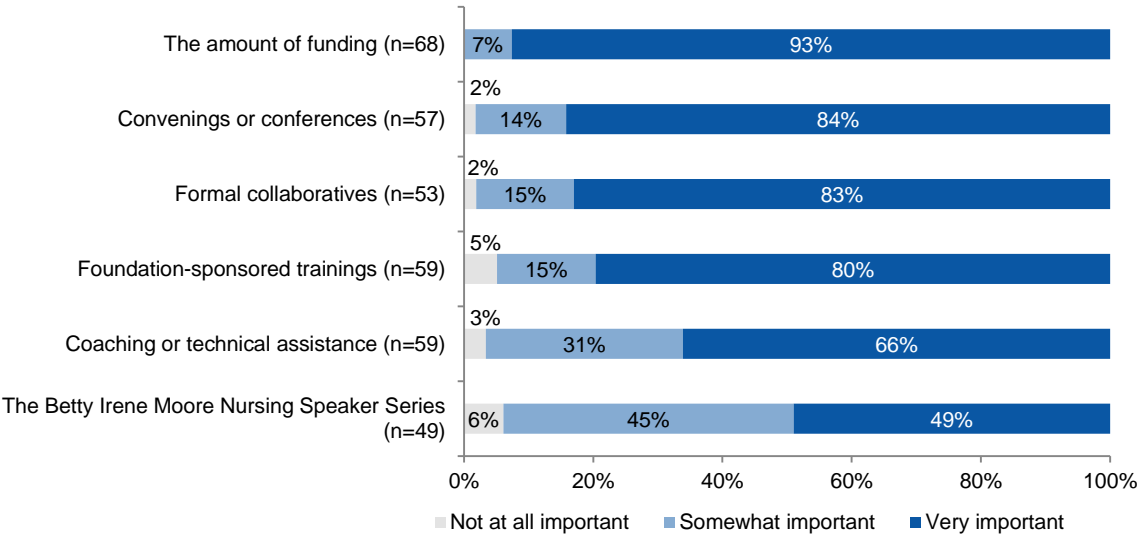
As the Nursing Initiative began to focus on hospital discharge and transitional care processes, its focus on adult acute care hospitals became more of a limitation. Some grantees think that they could have been more effective if the Nursing Initiative had been able to fund other organizations beyond hospitals (e.g., community health centers, skilled nursing facilities) to more effectively reduce readmissions.

A few informants, primarily external stakeholders, identify the lack of attention to state and federal policy and regulations as a missed opportunity for the Nursing Initiative. Although they understand that the Initiative set a focus on identifying and achieving immediate improvements within a ten-year period, they also saw potential benefits in organizing the leaders developed through the Nursing Initiative and leveraging the lessons from the grant projects for the purpose of educating state and federal policy makers.

THE NURSING INITIATIVE’S SUPPORT

Overall, grantees find various types of the Nursing Initiative’s support—both monetary and non-monetary—important to making impact (Exhibit 25). The subsequent paragraphs further describe reflections on each aspect of the Nursing Initiative’s support.

Exhibit 25
Grantees’ Perspectives on the Contribution of Nursing Initiative Support to Improvements in Nursing-Related Patient Care
(N=49–68)



For the most part, grantees report that they received generous funds to accomplish their project goals. Some report that their grants included money not only for the project (e.g., staff time, infrastructure), but also for complementary work, such as evaluation or research. The Nursing Initiative’s multi-modal approach that included non-monetary support (Exhibit 4 on page 17) augmented the funding to better support their on-the-ground work. A few note that working with other organizations within a defined geographic region also helped to facilitate the success of other aspects of the Initiative’s complementary support (e.g., collaboratives, technical assistance).

“The strength of the Nursing Initiative definitely isn’t just the money; it is pulling this community of hospitals together. They can do that. They can get all of us to share and develop each other. That’s the best thing they could do.”

– Grantee

The annual summits allowed grantees to learn about each other’s work and hear from experts; some grantees would appreciate even more opportunities to learn about each other’s work. Grantees also appreciated learning about different aspects of the Nursing Initiative, rather than just hearing from their immediate colleagues. Periodically, some grantees followed up with each other after the summits to exchange additional information. Some grantees note that they would have liked the Nursing Initiative to build even more bridges between the strategies or “tie it together better,” especially in regard to sharing successful projects outcomes. One Foundation staff member notes that these larger summits were ideal for inspiring and re-energizing grantees, whereas the smaller convenings and trainings were better for concrete skill building and data sharing among colleagues.

Some external stakeholders and grantees noted that The Betty Irene Moore Speaker Series was a good approach to bringing new ideas to California nurses. While not many informants talked extensively about the Speaker Series,³⁸ those that did thought that bringing external speakers to the local region was a great way to spread ideas and inspire frontline nurses and clinicians.

“They brought people together with common interests but different perspectives. That’s very powerful.”

– Grantee

The Nursing Initiative supported a number of collaboratives that helped grantees make connections and promoted peer learning with others working on similar issues. In these collaboratives, grantees got to know each other more deeply and received trainings from experts in the field. They were able to hear what other organizations were doing to reach their goal and share ideas to implement within their own organizations. For example, in the Magnet convening, hospitals that had already achieved Magnet status acted as “mentors” to other hospitals going through the process. Nursing Initiative staff agree that the collaborations are an effective mechanism for facilitating peer learning, especially since it provides an environment of “soft” competition, where hospitals are motivated to improve their numbers when compared side-by-side with their colleagues. The downsides mentioned by staff are the relatively high expenses to operate collaboratives and the fact that they can be hard to sustain after funding is removed. However, the BEACON collaborative is continuing on without Nursing Initiative funding while the Nursing Initiative is making a grant to a local hospital to continue the Magnet convenings for an additional three years.

“The Nursing Initiative pulled us together and made our information totally transparent. We were expected to share our information, whether it was good or bad, but we were also expected to support one another.”

– Grantee

Beyond the Nursing Initiative staff’s assistance, the targeted technical assistance provided by consultants helped grantees move their work forward. Grantees found that it was especially helpful to have technical assistance consultants on site at their hospitals to attend meetings and speak with team members or leadership in person. The consultants were often able to add an important external perspective based on their experiences with other organizations, expertise in certain areas (e.g., workflow redesign, transitional care, business planning) and knowledge of the broader field (e.g., national trends, best practices). When a consultant worked with more than one hospital, they were also able to connect grantees or others engaging in similar work or experiencing comparable challenges.

“My role was to move the grantees along in their plans and hold their feet to the fire. As a technical assistance provider, I was a pollinator. If a hospital is struggling on a certain issue, I will refer them to another hospital that is doing a phenomenal job.”

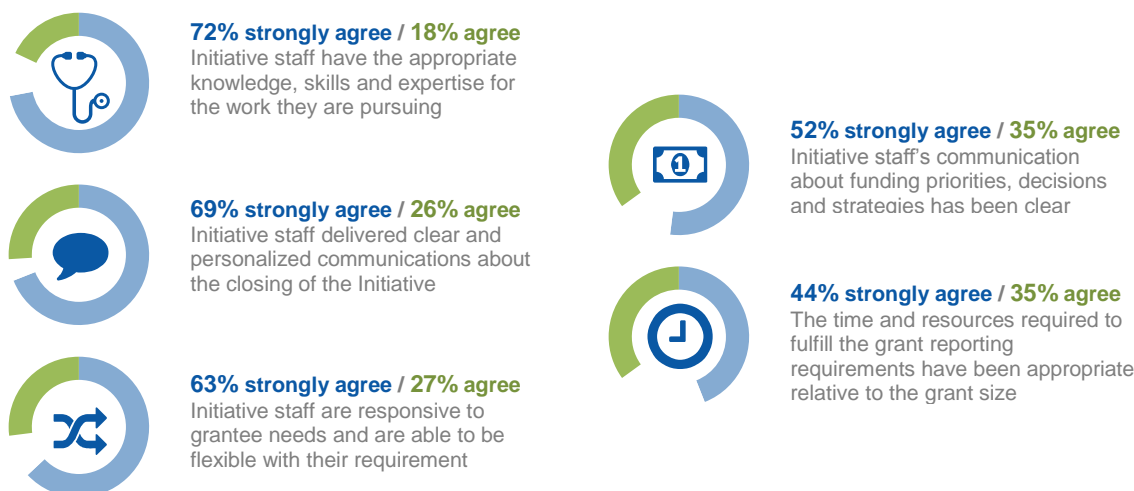
– Grantee

³⁸ Informing Change primarily spoke with grant project leads for this assessment. Frontline nurses and clinicians may have more detailed reflections on the Speaker Series.

THE NURSING INITIATIVE'S APPROACH TO GRANTMAKING & SUPPORTING GRANTEES

Overall, grantees think that the Nursing Initiative's approach to supporting grantees was very positive (Exhibit 26). In addition to the contributions of monetary and non-monetary support to the success of the Initiative mentioned above, most grantees thought that Foundation staff's communication, their efforts to share grantees' work with others, and their facilitation of grantee connections with other individuals and organizations were "very important" contributors to nursing-related patient care improvements (85%, 78%, and 77%, respectively). The subsequent paragraphs provide detail on grantees', external stakeholders' and Foundation staff's reflections on the ways in which the Initiative supported grantees.

Exhibit 26
Grantees' Agreement Ratings About the Effectiveness of the Nursing Initiative Staff
(N=70–71)



Grantees and Foundation staff report that the Nursing Initiative's approach to supporting organizations in a defined region has been a "double-edged sword." Foundation staff note that the strategy can help "raise all boats" to strengthen everyone across the region, provide a platform to encourage peer learning, and better position those involved in identifying and addressing common problems. However, they also note that it is expensive to fund and sustain work across such a wide group of grantees with a wide range of experiences and needs. Some of the small independent hospitals voice appreciation that everyone received funding, reflecting that they would not have been well-positioned to compete for this support against prestigious and highly experienced organizations. A few of these grantees also note their pleasure in being able to share useful learnings from their own work to benefit the work of some of the more well-known institutions.

"The Nursing Initiative staff are very humble.... They said, 'here are the goals; there may be many different ways to get there, so we count on you to choose. You know best.'"

– Grantee

The Nursing Initiative approach to working with grantees to develop project ideas allowed grantees to think creatively and broadly about their grant projects. Most felt that the open and collaborative development processes showed that the staff had a real understanding of how their projects were addressing the larger goal of improving patient care and that both the Nursing Initiative staff and grantees were working toward this common goal. In some cases, this approach allowed grantees to think creatively about the work by looking at the broader

issues and desired outcomes (e.g., more nurses). They note that this broader view allowed for more open thinking as compared to responding to a request for a grant proposal with the concept already developed. Some external stakeholders report how unique this approach is in comparison to other foundations. However, a few grantees would have appreciated more structure, noting that being asked to address such big issues was difficult and put too much pressure on them.

“The staff walk alongside you, asking ‘What do you need?’ I’ve never had a funder do that, and they pulled the best out of us as a result.”

– Grantee

Many see the Nursing Initiative staff as “partners” who help maximize the investment or as “consultants” who provide advice, make connections and help troubleshoot problems as they arise. Many report that staff would assist them with finding other potential funding sources, connect grantees to other colleagues or experts, talk to senior organizational leadership, or offer additional funding to address specific issues that arose during the grant period. For example, one grantee reports that the staff helped her connect with a competitor hospital that was implementing a similar care bundle: “The hospital is our competitor, but it is so important to open doors and share the work. The Nursing Initiative helped us with the initial introductions and [sparked] our collaborative spirits. It was wonderful.” Grantees see this “partnership” as much different, and better, than how they usually work with funders (who fund a proposal, set expectations and ask for a final report). In contrast, the Nursing Initiative staff are present every step of the way and maintain regular communication with grantees. While most grantees thought of staff as intellectual partners and appreciated their suggestions; other grantees thought that, at times, staff could be too doctrinaire and rigid. Some of these reflections seem dependent on staff members’ individual personalities and approaches to the work rather than an Initiative-level approach.

Developing trusting relationships with grantees has fostered more transparent communication between grantees and staff. Grantees affirm that staff are clear about the Foundation’s needs from the beginning of the project, especially their expectations for outcomes. Grantees report that the Nursing Initiative staff know what they want out of the grants and communicate their expectations clearly. As one grantee notes, “Staff are honest, straightforward, professional, knowledgeable, clear and concise.” Due to their regular and effective communication with grantees, Nursing Initiative staff have established a trusting relationship with many grantees, in which grantees feel comfortable talking about their successes along with their challenges and failures. This feedback loop throughout the project has helped staff to address challenges in real time and avoid surprises when final grant reports are submitted.

“I was surprised by their personable process.... Creating that ‘comfort zone’ was a huge asset for the Foundation, because most of the staff there are so welcoming and generous and willing to help. That made it so much easier.”

– Grantee

The relatively frequent staff turnover within the Nursing Initiative was viewed as disruptive, especially given the Nursing Initiative staff’s “partnership” approach with grantees. Grantees note that with changes in staffing, they sometimes experienced a change in the program officer’s approach or expectations as well. Foundation staff recognize the high level of staff transition over the course of the Nursing Initiative but feel that the work has continued successfully because they have had a strong leader who is highly respected by both grantees and colleagues and has provided consistency through the staffing changes.

While many grantees and stakeholders note that staff had impressive communication with grantees throughout the project, a few note areas for improvement, especially around staff transitions and communication after the grant period. The grantees noticed when Nursing Initiative staff and Foundation leadership transitioned in and out of positions, and they were affected by the lack of communication during those times. Furthermore, a couple of grantees note that the staff's communication and follow-up abruptly stopped after funding ended; some would like to continue to be kept in the loop of the Nursing Initiatives' progress, especially those who gave input into the Nursing Initiative's approach.

“There certainly have been some program officers that have come and gone and they are all unique individuals who bring different energies and abilities.”

– Grantee

Overall, the Nursing Initiative's partnership approach conveyed to grantees that the Foundation truly cares about the larger goals of the work. Grantees feel that the Foundation is working in alignment with the grantees to reach a common goal. They see the staff's involvement and assistance as a sign that the Foundation cares about the work and is very invested in their projects. Some grantees note that the motivations of the Foundation align well with the motivations and needs of the grantee organizations. As one grantee reflected, “You never have to say ‘what's in it for them?’ Their hearts are in it, they're supportive of you and what you want to do in order to improve.”

“The Moore Foundation has a professional approach. You feel their heart, and they care.... They stay very involved. It shows how much they care about the project. They didn't just fund and forget.”

– Grantee

Most grantees thought the Nursing Initiative staff had appropriate knowledge and experience; however, some grantees and external stakeholders wondered why an Initiative focused on nursing did not have more nurses on staff. Grantees also noticed that, throughout periods of the Initiative, staff did not have specific, on-the-ground healthcare expertise. Still, many report that the staff were incredibly knowledgeable and had relevant skills in networking, data analysis and business. They report that the Nursing Initiative staff were “darn sharp,” had “really good instincts” and “did their homework” in learning how to support grantees throughout their grant trajectory.

Many of the grantees and external stakeholders believe the Nursing Initiative should have focused on dissemination of learnings and successful efforts earlier in the Initiative. Some external stakeholders note that the Nursing Initiative staff have shared lessons with other funders and maintained a strong dialogue with colleagues in the field, while others feel this has been a missing piece of the Initiative. This mix of responses seems in part due to informants' personal experiences, level of familiarity and length of time engaged with the Nursing Initiative. While some grantees note that they have been working on disseminating their work more recently, they think there was a missed opportunity to “plant the seeds” of how they could disseminate and promote their Nursing Initiative-supported work earlier. Certain grantees, such as independent hospitals, do not have as much experience with dissemination and need extra assistance and support in this area.

As the Nursing Initiative exits, grantees acknowledge that losing funding from a major funder is difficult, but to be expected. A few suggested ways that a funder can depart smoothly, some of which the Nursing Initiative is already addressing in its exit strategy. For example, grantees desire adequate time and early notice of

changes to the grant's final end date so they can transition to an alternate operational plan or close down the project. They desire assistance on how to most effectively plan for the end of projects, including the release or redeployment of project staff funded by the grant. Those whose original grant periods were cut short due to the early end of the Initiative are interested in assistance about how to redesign or revise projects to align with the reduced funding.

OPERATIONS OF THE NURSING INITIATIVE WITHIN THE FOUNDATION'S STRUCTURE

While the Nursing Initiative represented a sharp turn for the Foundation in terms of content, Foundation staff report that it aligned with the Foundation's overall approach and process. While the Nursing Initiative represents the Foundation's first foray into the healthcare field, Foundation staff note that the Nursing Initiative applied a methodology and planning process that was very much in line with the Foundation's strengths (e.g., defining clear objectives, holding grantees accountable, measuring outcomes, carefully vetting investments, analyzing risk).

While some Foundation-wide policies and procedures have been very helpful to the Initiative, others could be refined or improved. Foundation staff report that having access to additional funds through the standalone allocation was helpful to pursue complementary work that was not tied directly to the Board-approved outcomes. While accounts of the Initiative Life Cycle Management process varied among those Foundation staff who commented on it, most thought that it could have been handled better. Some Foundation staff note that the process should be required of all initiatives to ensure that each commitment is given an opportunity to share its successes and failures and make suggestions for whether to reframe, exit or continue the commitment. They felt strongly that the decision to exit should have been made after all the information was formally presented. In addition, some staff found the lack of communications staff at the Foundation problematic for disseminating learnings, stories of impact and raising awareness of the Initiative. They also report changing messages about whether the staff were permitted the use of policy advocacy strategies to achieve the goals of different Foundation efforts.

Most external stakeholders and grantees understand the Foundation's decision to end the Initiative, but they also refer to much more work that could be done in the nursing and healthcare fields. Many people recognize that the Foundation has made a large investment over a relatively long period of time and that its decision to exit is its choice to make. In reflecting on the Initiative, especially the nursing workforce strategy, some note that it is time to move on because the Nursing Initiative has reached its intended goals and the environmental context (e.g., nursing workforce shortage) has changed, eliminating the need for focused investment. Some think that grantees are ready, or should be ready, to continue their Initiative-supported work on their own.

However, some external stakeholders and grantees feel that the Nursing Initiative is ending too soon and that more time is needed to see substantial, sustained impact. They note that while the Nursing Initiative has strengthened nurse leaders, they would like to see a continued focus on nurses who they deem essential to high-quality patient care. They also note that they are interested in the role of nurses in the shifting landscape that the Affordable Care Act has brought to healthcare (e.g., focusing on health maintenance, chronic condition management). A couple of external stakeholders also note the inopportune timing of having the Nursing Initiative end at the same time that the Robert Wood Johnson Foundation is shifting their funding priorities away from human capital investments such as leadership development for nurses (i.e., New Careers in Nursing program, Executive Nurse Fellows program, Nurse Faculty Scholars program) and other healthcare workforce positions.³⁹

³⁹ Strain, Kristina. "Wanted by RWJF: An Army of Leaders to Fight a Culture War for Health." *Inside Philanthropy*. 18 Aug. 2014. Web. 9 Sept. 2014.

While some external stakeholders and grantees are aware of the Patient Care Program, others are not sure about the Foundation’s future direction in healthcare. Those who are familiar with the new programming note that the Patient Care Program seems like an appropriate evolution, with the focus shifting to focus on the patient versus the nurse. However, they emphasize that nurses should still be an important focus or strategy of the work moving forward. A small number of grantees worry that the pivotal role that nurses play in patient care will be lost if the Foundation focuses too much on interdisciplinary teams. Many respondents are curious and/or excited about the Foundation’s next stage of work.

“The Foundation has an unwavering focus on the ultimate beneficiaries of nursing: the people, the patients, the consumers, the communities. It is the end of [the Initiative], but they are taking learnings into another area where support is needed, so I find this patient engagement work is exciting.”

– External stakeholder

LESSONS LEARNED TO SHARE ABOUT THE NURSING INITIATIVE

Grantees, external stakeholders and Foundation staff identified certain aspects of the Nursing Initiative that should be shared to inform other Foundation programs or external funders (see box).⁴⁰ Overall, they felt it was important to translate the learnings from the Nursing Initiative’s experience to outside audiences so that other foundations might fund in similar ways. Learnings include the types of funding and support that grantees and external stakeholders found helpful or would have liked.

A prominent learning that respondents encourage the Nursing Initiative to share is the importance of collaboration. Collaboration was mentioned at many levels, from collaboration with staff across hierarchies within a grantee organization to collaboration among grantees, past or present, as well as to the greater healthcare field: “The work of the Nursing Initiative to bring competing healthcare systems to the same table with a shared goal of improving patient care and patient outcomes is a model that could help facilities all across our nation.” Each level of collaboration was valued by grantees and thought to be important components of future efforts. They remarked on the value and process of collaboration within a project: “There are lessons around the value of convening and getting all the voices in a room together.... There’s value in thoughtful approaches to conundrums and long-term issues.”

LEARNINGS TO SHARE WITH OTHER FUNDERS

- Emphasize data and evaluation
- Invest over the long term
- Allow for some experimentation and learning
- Take a collaborative approach between funders and grantees
- Share evidence-based practices for successful grant implementation
- Allow time to plan and pilot prior to fully implementing programs
- Clearly articulate Initiative- and grant-level goals at the start of a funding relationship
- Create a dissemination plan from the start
- Support technology, as well as the upkeep of that technology (e.g., databases)

⁴⁰ While many grantees tended to focus on the lessons they learned from their own funded projects, for the most part, they were also able to extrapolate to the Initiative level and suggest aspects of the Nursing Initiative’s model and impact that could benefit others.

The Nursing Initiative should also share findings about nurses' role in patient safety. Respondents noted that the value of nursing as a whole and the value of nurses' role in care improvement are key messages from the Initiative that should be shared. Other lessons to share include the importance of physician involvement and engaging executive champions as well as academic and practice organizations in dialogue and partnership.

Grantees note a number of audiences that could benefit from the lessons learned from the Initiative, both within and outside of the healthcare education and practice fields. Suggestions included nursing schools; hospital staff, including nurses, executives and physicians; professional associations (e.g., American Hospital Association, American Association of Colleges and Nurses, American Organization of Nursing Executives); the greater healthcare community (e.g. insurance companies, educators, accountable care organizations, quality improvement organizations); other funders, including the business community; policy makers; and the public, including leaders from community-based organizations.

“The Nursing Initiative has found an ideal way to administer a grant, facilitate spread of evidence-based care, develop patient-centered clinicians regardless of discipline and achieve excellent clinical outcomes.”

– Grantee

There were many suggestions on how to disseminate the Initiative learnings. Grantees suggested articles in peer-reviewed journals, presentations at conferences or webinars, media releases, and issue briefs. As one grantee remarked, “I would like to see a publication dedicated to the Nursing Initiative that describes how the different projects were developed with information about why each was successful or not, what the results were, and how practice was improved. This may be enhanced by an overall synopsis about how the economy played a part in the outcome and how the Initiative, in general, was a success.” Although some grantees disseminated information about their efforts and findings through these methods, there is a sentiment that more information should be shared, both at the grantee level as well as at the Initiative level.

Assessment Reflections & Recommendations

In this section Informing Change offers an assessment of the strengths of the Nursing Initiative, as well as areas that could have been improved. We base these reflections on the questions that guided this assessment (see page 9). We also provide recommendations to guide the Foundation's thinking about the Nursing Initiative, other current work and new efforts that it might undertake. This section is organized by assessment areas of the Nursing Initiative:

- Relevance and alignment of the Initiative,
- Effectiveness of Initiative changes and adjustments,
- Effectiveness of the Initiative's design,
- Effectiveness of the Initiative's philanthropic approach and support,
- Effectiveness of the Initiative's implementation, and
- Alignment of the Initiative's outcomes and impacts with expectations.

We recognize that these reflections and recommendations will be added to a pool of learnings about the Nursing Initiative already collected by the Foundation from staff who are intimately knowledgeable about the Initiative's intentions and results, from stakeholders who have participated in or observed the Initiative, and from philanthropic colleagues concerned about the same issues and outcomes. We offer our thoughts from a different but complementary perspective, based on our learnings from this assessment and our experience with evaluation, philanthropy and healthcare. A particular strength of this assessment is that it is external, allowing grantees, Foundation staff and external stakeholders the opportunity to provide their input and reflections confidentially.

RELEVANCE & ALIGNMENT OF THE INITIATIVE

The Initiative drew deep appreciation from its grantees and stakeholders because it approached a very important problem—patient safety in adult acute care settings—via frontline nurses and clinicians whose critical role in healthcare has historically received less attention. There is no question that the Initiative addressed important problems; its choice of issues was supported by very compelling data and evidence from credible sources.

Alignment with the needs in the healthcare field: The focus on nurses addressed a funding gap in the healthcare field. Despite the important role that frontline nurses play in patient care, relatively few philanthropic and public sector efforts direct funding at nursing. The choice of the Foundation to focus on nursing was a valuable way to contribute to addressing problems in the healthcare system; being less prominent in philanthropic and public sector efforts, nurse-led solutions to problems in patient care had the potential to surface useful

practices and learnings that may not have been identified through other efforts. However, as noted in the next section, it was wise for the Nursing Initiative to evolve from a nurse-only focus to a broader team focus, given the needs and context in the healthcare field. The Nursing Initiative's mid-course decision to decrease its focus on increasing the number of nurses in the pipeline was well informed, given changes in the workplace following the economic recession; however, since workforce issues are cyclical, a nursing shortage will likely arise again and be addressed better and more quickly because of the Nursing Initiative's development of the region's nursing pipeline.

Alignment with Foundation strengths: Since the Foundation was relatively new at the launch of the Nursing Initiative, it did not have enough history against which to assess how the initial Initiative plan matched its strengths and weaknesses. However, we can assess the Initiative plan against what we know of other family foundations and philanthropic initiatives. First, the Initiative had the advantage of addressing an issue of great personal interest to the Foundation's founders. Further, the scope of the Initiative, including its ten-year timeframe and the amount of funding required to bring about change in large, expensive healthcare institutions, was well aligned with the resources of the Foundation. The Initiative capitalized on what private philanthropy is well positioned to do—jump quickly into an area of need with focused resources which are not prone to the ebb and flow of politics or the slow approval processes in public sector funding. With these advantages, private foundations are able to find small-scale champions for big change, support a variety of attempts for improvements and solutions, and adapt quickly to opportunities or changes in the environment. The Initiative's intent matched this description of the Foundation's position. Not all foundations, new or veteran, can claim such strong alignment in their initiatives.

EFFECTIVENESS OF INITIATIVE CHANGES & ADJUSTMENTS

Overall, changes and adjustments to the Nursing Initiative effectively kept the work focused on its ultimate outcomes. Some changes occurred through natural acquisition of greater knowledge and understanding about the grantees and their work (e.g., broadening from frontline nurses to interdisciplinary teams). Other changes were proactive responses to fluctuations in the environment (e.g., changes in the nursing workforce). The Nursing Initiative staff were able to make informed decisions in large part due to their close relationships with grantees, their connections to key stakeholders, and their knowledge of relevant research and discussions. Given the scale of the Initiative, its duration and the complex environment in which it was implemented, the level of change that took place is to be expected and encouraged. If changes had not been made during the course of the Initiative, it would be a concern and most likely indicate a lack of attention to the environment and to real-time learnings.

EFFECTIVENESS OF THE INITIATIVE'S DESIGN

Each design element was important in contributing to the success of the Nursing Initiative. However, three design elements appear to be particularly important drivers of the Initiative's success: collaboration, a regional focus, and attention to data and measurement. We reflect on these first and then discuss the focus on nurses, acute care hospitals and evidence-based practices.

Collaboration: Collaborative efforts, guided by the Initiative, effectively enhanced grantees' progress toward the ten Board-approved outcomes, especially the BEACON, ARC and Magnet collaboratives. Two key elements seemed to contribute to the success of collaboratives' longer-term impact: 1) each had a mission-level purpose, an inspiring goal that could guide participants' actions for years (e.g., patient safety, reduction in readmissions, achieving or maintaining Magnet designation) and 2) participants had multiple points of contact and support (e.g., grants) with the Initiative to influence and incentivize their work.

Regional: The regional focus allowed close relationships to form among grantees, as well as between grantees and Foundation staff. This facilitated frequent and effective peer sharing and cross-organizational collaboration. The

regional approach allowed staff to become familiar with the context in which grantee organizations were working; staff knew the local population, the environment and the headlines of the local news. This level of engagement would have been more difficult with a broader geographical focus.

While the benefits of the regional approach are many, there were some drawbacks. First, although the regional approach allowed the Initiative to raise the capacity of an entire region, it meant that hospitals and schools with significant variations in their baseline capacity and readiness received funding and/or other types of support. This impacted how quickly and easily the capacity of the region could be enhanced and likely used more resources than if the selected grantees were all operating at high capacity at the start of the grants. Second, although national experts, technical assistance providers, seminal research and evidence-based best practices were brought into the region to benefit the Initiative's grantees, there was disproportionately less sharing in the opposite direction. Without a dissemination plan early on, the regional focus meant that the Initiative did not gain the national exposure that it could have potentially achieved or benefit others outside of the region to the extent it could have.

Attention on data and measurement: The Initiative's expectations of grantees around measurement and data were key to the documentation of progress toward the ten Board-approved outcomes and contributed in multiple ways to the Initiative's success, as noted earlier in this report (e.g., skill building for frontline nurses, capacity building for organizations, engagement of top leadership, credibility for all participants). Most of the outcomes were ambitious and the achievement of reaching them was a hard-won success. The Nursing Initiative's expectations for grantees' measurement and data were also much higher compared to the requirements of most foundations. This has helped build the capacity of hospitals to respond to other data requests that have emerged in recent years due to changes in the healthcare landscape (e.g., Affordable Care Act, new CMS requirements).

In the context of this success, there are a number of important limitations. The focus on narrowly defined quantitative measures limited the tracking and analysis of other Initiative outcomes and impacts. While the rigor seems to have instilled high levels of accountability in grantees, it also drew attention and focus from other important aspects of grant projects, such as the factors that led to or hindered success, the larger context of the work, and what that means for organizational uptake and sustainability. For example, becoming a Magnet-designated hospital was an important strategy and a substantial achievement for the four hospitals that did so; however, among those hospitals which did not receive such designation, important improvements took place that were not necessarily captured. For other strategies, while the stated goal was reached, the extent to which the more distal intended impacts took place is not clear. For example, to what extent did the incorporation of patient safety and quality improvement competencies in nursing school curricula result in enhanced quality improvement and patient safety knowledge and skills in practice? While the data collected as part of this assessment speak to some of these issues, there are still limitations since these changes are based on grantees' and key stakeholders' self-reporting rather than a more direct assessment of these efforts (e.g., an evaluation on the impact of QSEN implementation on nursing student practices).

While the Foundation took great care to choose outcomes that could speak to attribution, there are other factors that could still contribute to these outcomes. This is especially true for the two Initiative-level outcomes focused on patient safety and for the strategy outcome focused on readmissions. We view this not as a shortcoming of the Nursing Initiative, but rather as a limitation that is common to this type of work.

Data and measurement efforts in the Initiative seemed to require more time from Foundation staff, as well as grantees, than we typically observe. While many grantees noted the benefits of their data and measurement efforts, they also typically spoke about the accompanying time and resource burdens. While, overall, the benefits seem to outweigh the challenges, it is critical to balance the rigor of measurement requirements with the potential usefulness of the data, as well as the funding, staffing and timelines of grant projects. Usually the Nursing Initiative achieved this balance; however, there are some exceptions where there seemed to have been more burdensome data requirements than necessary.

Nurse- and hospital-focused: The choice to focus the Nursing Initiative on frontline nurses and on adult acute care hospital settings aligned well with the goals of the Initiative. There was a hunger among nursing institutions and nursing leaders to contribute to better patient care and for a broader understanding of the potential benefits of nurse-led patient care improvements. As a result, the Foundation's interest and guidance in this area were welcomed. It also made sense, after a few years, to expand the focus to include other frontline clinicians and interdisciplinary teams. In retrospect, if the change had been predicted earlier, it is possible that some of the impacts (e.g., more nurses in the workforce, improvements in nursing curricula) or building blocks critical to future impacts (e.g., time and effort study) may not have occurred. The focus on hospital settings was a good strategic choice at the launch of the Initiative, but as the Initiative evolved and expanded its strategies to include transitional care it became important to also widen the organizational focus to include other types of organizations along the full continuum of care.

Evidence-based: The attention to evidence-based practices is aligned with the philosophies of many foundations, that is, the expectation that grantees will not waste time or funds on untested interventions. The Initiative gained significant results from its two-pronged approach to evidence-based practices—first, by pushing Initiative grantees to understand and use tested approaches, and second, by providing support for the implementation of these practices.

While innovation, in and of itself, was not explicitly part of the Initiative's design, it was something that was desired by some grantees and showed up in the different ways that grantees successfully applied evidence-based practices at their particular organizations (e.g., adjustments to models to decrease readmissions) and in the focus of some of the Initiative's standalone grants (e.g., predictive modeling). It is interesting to note the infrequent use of the term "innovation" during assessment interviews. If, in future efforts, the Foundation decides to place more emphasis on innovation, it will be important to consider the degree of risk that the Foundation wants to undertake. For example, while it is satisfying to find and broadly scale successful innovations, the pursuit of innovation usually includes experimentation and as a result, a lower rate of initial project success.

EFFECTIVENESS OF INITIATIVE'S PHILANTHROPIC APPROACH & SUPPORT

Rigor and focus: A particular strength of the Nursing Initiative was the thoughtful and methodical way that staff pursued its design and implementation. The Initiative approach was carefully articulated and documented, with a clearly explained framework for reaching desired outcomes; this was used consistently as a guide for its work. Thorough attention was paid to the elements of this philanthropic initiative, and staff seemed to communicate expectations to grantees clearly and completely. Monitoring and reporting of grantee performance was unusually developed and very methodical when compared to other philanthropic efforts. The Initiative structured and adhered to a highly developed paper trail of recommendations for funding, decisions and grantee reports, including relevant changes to prior agreements. This detailed documentation supported the Initiative's highly systematized approach to grant performance monitoring and its desire for grantees to collect and use outcome data that others could depend on and that would be credible in the healthcare community.

Staff effectiveness: The Nursing Initiative staff received notably high marks from grantees, other Foundation staff and external stakeholders. Employing such a highly engaged and competent staff was another characteristic of the Initiative that contributed to its success. The knowledgeable, personable and determined staff members helped individual grantees in real time to address challenges and deliver results, which built up the overall strength of the Initiative. The level of staff engagement throughout the grantmaking process was higher than we typically see. Given the relatively high turnover of staff, it is surprising and an even greater compliment that most grantees praised staff so highly.

Despite the many important and complementary strengths that the different Nursing Initiative staff brought to their work (e.g., analytic skills, business backgrounds, networking skills), the lack of a consistent presence of staff with

nursing backgrounds was noticeable. Although there was no evidence of this hampering this Initiative's work, other initiatives that Informing Change has worked with experienced additional costs due to the longer time needed for staff to get up to speed on the content area, fewer existing staff contacts with important stakeholders upon starting their work, and at times less credibility for the initiative. While advisors with relevant content knowledge and experience were important contributors to Nursing Initiative efforts, they did not replace the need for this type of staffing.

Non-grant support: Providing multi-modal support to complement grants is a best practice in the field of philanthropy. The Nursing Initiative modeled this best practice through the array of resources (e.g., convenings, speakers, leadership training, dissemination grants) that it provided to supplement grants and contribute to Initiative impacts. The intentionality in sequencing and connecting the different types of support (e.g., a hospital benefiting from receiving a quality improvement implementation grant, select staff participating in the Change Agent program and being part of a patient safety collaborative) was a particular strength.

EFFECTIVENESS OF THE INITIATIVE'S IMPLEMENTATION

Initiative strategies: Staff effectively implemented each of the Nursing Initiative's key strategies (i.e., strengthening the nursing workforce, implementing evidence-based practices at patients' bedsides, improving patient transitions from hospital settings, enhancing the leadership and skills of nurses) and, for the most part, have achieved expected outcomes. Looking across these strategies, particularly helpful aspects of the staff's implementation work include facilitating conversations and connections across organizations, allowing grantees to choose the models or issues that were the best match for their particular situation (e.g., specific adverse patient outcome to focus on, adapting models as needed to specific environments), and enhancing key conditions for sustainability (e.g., looking for the business case or financial incentives of the work).

The practice of engaging organizational leadership and requiring institutional commitments of matching funds was particularly instrumental, not only to support the funded work but also to ensure continuation of projects after the Initiative support ended. This was helped by the prestige of the Foundation and the close proximity of grantee organizations, which allowed for in person visits. Despite successes in this area, there seems to be room for even more involvement from initiative staff with organizational leaders both at the start of a project and throughout its lifetime (e.g., updates to the executives, sharing of data), as well as building relationships with other key leaders who may not receive Foundation support but are in positions to positively contribute to impacts.

Communications strategy: While grantees appreciated the Nursing Initiative staff's open communication during the grant projects and most people could point to at least one Initiative-level impact, there was room to enhance the understanding of the goals and achievements of the Initiative. As noted earlier in the report, a substantial number of the stakeholders (and some grantees) identified the Betty Irene Moore School of Nursing at University of California, Davis as one of the most important impacts of the Nursing Initiative but could not describe the Initiative's overall approach, which points to the absence of an Initiative-wide communication strategy. Such a strategy would have been helpful to inform grantees, key stakeholders and potential stakeholders about the Initiative as it progressed over time. As the Foundation moves forward with its Patient Care Program, it will be important to include a communication strategy which maps out the key audiences, the types of information that need to be communicated to them, when to communicate and how. One specific area where clarity is needed in the near future is the link between the Nursing Initiative and the Patient Care Program, especially the role nurses will play in these efforts, and the Foundation's thinking about this evolution.

Dissemination strategy: The Nursing Initiative's efforts to include dissemination in grantee agreements helped grantees capture and share learnings with people within and outside of the target regions. The Nursing Initiative's current robust dissemination strategy is impressive and builds on earlier dissemination efforts. The Initiative would have benefitted from such a strategy earlier in its life cycle. In future initiatives, it is important that dissemination efforts share information about the initiative in general, as well as information about specific strategies, sub-strategies, projects and/or grantees. These efforts could be part of a larger initiative communication strategy, as described above, which is a common practice for many foundations. As part of a dissemination strategy, it is important to assess grantee capacity for dissemination and provide trainings as needed. For example, in the Nursing Initiative, a large number of grantees did not have experience disseminating their work and needed assistance earlier. While the Nursing Initiative provided this assistance later in its life cycle, it would have been helpful to have had this embedded earlier.

Exiting strategy: The exit strategy is helping to position grantee projects to continue; however, given its relative newness it is too early to gauge the success of these efforts. Selecting projects with the highest potential of durability and impact and providing them with targeted investments (e.g., marketing plans, replication efforts, completion of a designation process) seems like a promising strategy to set these projects up for ongoing success once the Foundation's investments end. In addition, having a clear communication plan as the Nursing Initiative closes is important to maintaining good relationships with organizations that the Foundation has worked with over a long period of time.

Ongoing evaluation and learning: We appreciate and are impressed by the Nursing Initiative's sharp measurement focus and the thoroughness applied by staff and grantees in tracking progress toward the ten Board-approved outcomes. This level of rigor is not typical in other philanthropic efforts. The resulting data have fed into this assessment and other efforts that speak to the Initiative's impact; however, given the size of this initiative, more frequent evaluation efforts were warranted and could have built upon these data as well as the impressive amount of other information collected by the Nursing Initiative (e.g., grant reports). At the start of the Nursing Initiative, it would have been useful to develop and implement an evaluation strategy to ensure more intentional and systematic efforts to assess progress, outcomes and lessons learned to benefit Foundation staff, grantees and other relevant stakeholders on an ongoing basis. Across all the work at the Foundation, it is important that efforts to ensure accountability do not prevent a vibrant and safe learning environment.

ALIGNMENT OF THE INITIATIVE'S OUTCOMES & IMPACTS WITH EXPECTATIONS

The Initiative carefully set and managed goals for its investments, and as a result, the achievements are very well aligned with expectations, particularly those that were measured as progress toward the ten Board-approved outcomes. The Initiative has achieved the overall goal of enhancing patient safety in adult acute care hospitals in the San Francisco Bay Area and is set to do so in the Greater Sacramento area, based on Initiative outcome data reviewed by Informing Change and retrospective interviews with key informants. While grantees and external stakeholders were not necessarily basing their responses on specific data, they also thought that the main goal of the Initiative had been reached. Interestingly, grantees frequently reported that they had not just met their grant goals but exceeded them, something that is uncommon to hear from grantees who undertake these types of endeavors.

Additionally, many Initiative grants are deemed by grantees and other stakeholders to have created long-lasting positive impacts that are continuing and will continue to benefit patient safety within individual organizations and in the broader field. Some of this longer-term impact is related to the significance of the new knowledge accrued through the Initiative about how to improve patient safety, but more of the lasting impact comes from the way many grantee projects became embedded in their ongoing work or absorbed into the budgets of their institutions

or users. Foundation staff thinking and planning for sustainability from the inception of the Initiative laid the groundwork for these lasting results.

While the Nursing Initiative made great progress toward its ambitious outcomes, the focus on measuring only the ten Board-approved outcomes seems to have excluded the examination of broader impacts that also occurred. It also may have precluded proactive attention to ways in which the Initiative could have leveraged its successes to achieve even broader impacts (e.g., policy change, regulatory change, improvements across the patients' continuum of care). While this type of work can complement the Initiative's other efforts and result in larger-scale change, it is important to note that it comes with greater risks, less linear measurements and the diminished ability to claim contribution, let alone attribution.

RECOMMENDATIONS

Given the above reflections, we offer the following recommendations. While these recommendations are directed at the Nursing Initiative given its close at the end of 2015, they are also applicable to current and future work within the Foundation (e.g., other initiatives, programs, commitments, grant portfolios). They are especially relevant to the Patient Care Program because of its healthcare focus and its potential to directly build on or connect to the successes of the Nursing Initiative (e.g., leverage enhanced capacity for nursing education and leadership as well as patient safety).

- **Recommendation #1: Continue to support collaboratives as a way to enhance the impacts of grants and other types of initiative support.** Ensure that collaborative members can gather around a focused purpose that aligns with their Foundation-funded work. Build in either explicit (e.g., funding) or implicit (e.g., data transparency, colleagues sharing of implementation challenges, hearing from experts in field) incentives for participation in collaboratives. If participants are drawn from broad geographic areas, structure the expectations, resources and processes for formal collaborations differently than they were in the Nursing Initiative.
- **Recommendation #2: When working within a defined region, design opportunities for bi-directional exchanges with other efforts at the national level from the start of an initiative.** For the Nursing Initiative, this would have facilitated initiative engagement in relevant national issues and created pathways by which initiative results could have reached broader audiences early. Apply this same concept with other Foundation efforts that focus on a defined group of organizations. Seek out ways to connect and share information within a broader field.
- **Recommendation #3: Expand data collection and measurement to capture a broader array of initiative outcomes and impacts, as well as the processes through which they were reached.** For the Nursing Initiative, in addition to the ten Board-approved outcomes, there were opportunities to examine and measure the Foundation's contribution to broader impacts. Since these cannot always be predicted at the start of an initiative, allow for flexibility to identify and track these opportunities as they arise. Second, consider all key investments toward an outcome or impact. It is important to not artificially restrict measuring impacts to certain types of funds (e.g., excluding the contribution of Standalone grants to Nursing Initiative impacts). Third, to understand how outcomes and impacts were achieved, capture more data about the grantees' experiences, including more qualitative information to tell the story—the “who, what, why and how”—as they work toward outcomes (e.g., the proposed “deep dive” of select hospital quality improvement efforts).
- **Recommendation #4: Continue to ensure that measurement requirements match the size and scope of the grant projects and capacity of grant organizations.** This includes assessing whether there is appropriate staff expertise, infrastructure, resources and time to collect and use data. When

capacity is lacking in these areas, increase relevant support (e.g., investment in technological tools, provision of technical assistance) or adjust requirements.

- **Recommendation #5: Leave more intentional room in the design of initiatives for grantees to innovate when they adapt evidence-based practices for their specific organizations and environments.** This is especially important in healthcare given the rapid changes (e.g., in care practices and technology) and the fact that some evidence-based practices are so new that there is still opportunity for fine-tuning and adaptation. Capture and share successful innovations with the field.
- **Recommendation #6: Ensure a consistent presence of staff with appropriate technical experience and expertise throughout the lifespan of an initiative.** For the Nursing Initiative, this was staff with clinical nursing experience. This may require creative models of staffing for hard-to-recruit positions. In the case of the Nursing Initiative, this could have included a part-time staff position to allow for a nurse to continue part-time in a clinical position.
- **Recommendation #7: Continue to use multi-modal support to complement and augment the impact.** In the design of initiatives, plan for a range of complementary support and resources that are best suited for grantees to meet their specific goals. Continue to provide flexible funding for this type of support to address specific needs and opportunities as they arise (e.g., providing assistance for grantees that are having trouble making progress, increasing capacity of less developed organizations, supporting replication opportunity).
- **Recommendation #8: Enhance an initiative's capacity to serve as a connector to a broader sphere of influence as well as with and across individual grantee organizations.** Use the prestige of the Foundation, as well as existing strengths of staff, such as their ability to engage with partners, to expand and strengthen connections with key stakeholders who can leverage the success of an initiative. Focus on connecting with individuals who are in positions to influence organizational and systems changes (e.g., policy changes, payment and reimbursement changes or continued leveraging of private investments). For the Nursing Initiative as well as future initiatives, ensure that staff have adequate expertise, resources, skills and time to stay abreast of what is happening at the field level as well as the grant level.
- **Recommendation #9: Develop a communication and dissemination strategy toward the start of an initiative.** The Nursing Initiative would have benefitted from such a strategy earlier. Similar to the current approach of the Nursing Initiative, structure dissemination support at two levels: 1) encouraging and preparing grantees to disseminate their own work and 2) disseminating learnings and models at the Initiative level. Also ensure regular mechanisms to communicate knowledge and learnings within and across Foundation programs. Align an initiative's communication and dissemination plans with evaluation efforts as well as other communication and dissemination efforts within the specific Foundation program and the Foundation more broadly. For the Nursing Initiative, we have listed suggestions to consider for dissemination and communication during the last year of the Initiative (Appendix G).
- **Recommendation #10: Implement evaluation and learning efforts throughout the life cycle of an initiative.** For larger scale investments such as the Nursing Initiative, a prospective evaluation, with different cycles of data collection, analysis, feedback and application, is typical and warranted. In future assessment efforts include a defined number of standalone evaluations that focus on specific strategies, sub-strategies or projects but can also feed into the assessment of the overall initiative. Build the evaluation data collection on other existing data measurement and tracking efforts (e.g., analysis of grant reports and summaries or a synthesis of grantee learnings from convenings). Increase the emphasis of evaluation for learning as compared to accountability; identify ways to promote and incentivize a culture of learning for both Foundation staff and grantees.

Appendices

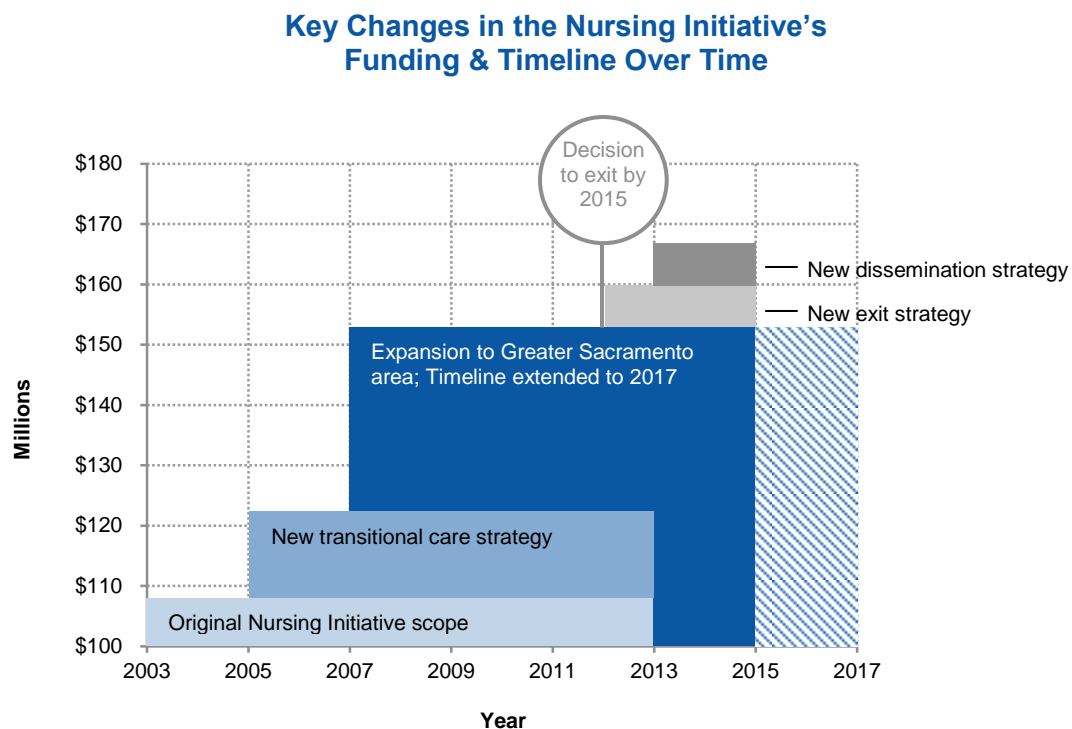
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Appendix A: Changes in Nursing Initiative

The table below outlines the key changes to the Nursing Initiative outcomes over the course of implementation. All changes were made with the Board of Trustees' approval.

Year	Changes in Outcomes
2006	<ul style="list-style-type: none"> • REMOVED: New nurse turnover reduced by 50% • REMOVED: Thirty percent improvement in nurse satisfaction in 95% of hospitals • ADDED: Reduction in hospitalization by 30% within three months and 15% within one year of discharge in 30% of hospitals • ADDED: 2,000 Change Agents developed
2007	<ul style="list-style-type: none"> • REDUCED: 3,500 new nurses → 2,600 new nurses
2008	<ul style="list-style-type: none"> • ADDED: Twenty percent improvement in preventable errors and mortality in Greater Sacramento area • ADDED: Ninety-five percent of hospitals participate in BEACON in Greater Sacramento area
2009	<ul style="list-style-type: none"> • REMOVED: Ninety-five percent of hospitals participate in BEACON in Greater Sacramento area • SHIFTED: Twenty percent improvement in preventable errors and mortality as shown by the Nursing Initiative Report Card → 80% of hospitals in Bay Area evidence-based improvement thresholds for at least three causes of mortality or complications • SHIFTED: Twenty percent improvement in preventable errors and mortality as shown by the Nursing Initiative Report Card → 80% of hospitals in Greater Sacramento area meet evidence-based improvement thresholds for at least three causes of mortality or complications • ADDED: Updated nursing curriculum with quality and safety components at four schools producing the largest number of BSN graduates • ADDED: Ensure that the Centralized Clinical Placement System is self-sustaining with 80% of San Francisco Bay Area hospitals and nursing schools participating • REDUCED: Eight new Magnet hospitals → four new Magnet hospitals
2011	<ul style="list-style-type: none"> • SHIFTED: Reduction in hospitalization by 30% within three months and 15% within one year of discharge in 30% of hospitals → Reduction in hospitalization by 30% within three months and/or 15% within 90 days for high-risk elders in 30% of hospitals • ADDED: Improvement programs launched within 100% of hospital systems in Greater Sacramento area
2013	<ul style="list-style-type: none"> • SHIFTED: Eighty percent of hospitals in Greater Sacramento meet evidence-based improvement thresholds for at least three causes of mortality or complications → 80% of hospitals in Greater Sacramento meet evidence-based improvement thresholds for at least three causes of mortality or complications or Greater Sacramento hospital systems achieve a total of 39 evidence-based improvement thresholds

The below graphic is a visual illustration of the changes that were made to the Nursing Initiative over the course of implementation.



Appendix B: Assessment Methodology

Informing Change began data collection and analysis for the Betty Irene Moore Nursing Initiative final assessment in the spring of 2014. Phase I of the assessment was conducted from March through May 2014 and culminated in an interim report. Phase II began in June and concluded in September 2014. This appendix provides an overview of both phases of the assessment's data collection and analyses.

ASSESSMENT ADVISORS

The following individuals and groups provided input and feedback at key points in the assessment, including the planning stages, data collection, analysis and drafting of this report.

Learning & Evaluation Staff

The Learning and Evaluation staff at the Gordon and Betty Moore Foundation, were the key contacts for the Informing Change team and provided support and guidance throughout the assessment. This included facilitating communication between Informing Change, the Steering Committee and Nursing Initiative staff and ensuring a smooth process for the assessment.

- Karen Poiani, PhD, Director of Learning and Evaluation, Gordon and Betty Moore Foundation
- Mari Kenton Wright, Learning and Evaluation Officer, Gordon and Betty Moore Foundation

Nursing Initiative Staff

The Nursing Initiative staff ensured Informing Change had appropriate internal Foundation and Nursing Initiative materials and secondary data, including reports to the Board of Trustees, presentations and updates, as well as data on Board-approved outcomes. The Nursing Initiative staff, overseen by the Learning and Evaluation staff, also provided feedback and input on the assessment design and questions, draft data collection tools, selection of key informants and profile focus, and assessment products. Given the Nursing Initiative staff's key role in implementing the Initiative, Informing Change also conducted assessment interviews with them.

- Marybeth Sharpe, PhD, Program Director, Betty Irene Moore Nursing Initiative and Betty Irene Moore School of Nursing
- Heather Rosett, Program Associate, Betty Irene Moore Nursing Initiative
- Kate Weiland, Program Officer, Betty Irene Moore Nursing Initiative
- Diane Schweitzer, Program Officer, Betty Irene Moore Nursing Initiative

Steering Committee

A three-member committee was brought together by the Foundation to provide input and feedback by phone and email on specific aspects of the assessment, including the assessment design and questions, the Phase I deck, and this report.

- Vicki Chandler, PhD, Chief Program Officer, Science Program, Gordon and Betty Moore Foundation
- Kristen Moore, Board of Trustees, Gordon and Betty Moore Foundation
- Mary Naylor, PhD, FAAN, RN, Professor in Gerontology; Director of New Courtland Center for Transitions and Health, University of Pennsylvania School of Nursing

Knowledge Advisors

Informing Change engaged a panel of Knowledge Advisors to provide deep content and practitioner expertise in three of the Nursing Initiative's strategies. These Knowledge Advisors augmented and complemented the evaluation, philanthropy and health expertise of the Informing Change team and served as an invaluable behind-the-scenes resource to ensure that Informing Change captured the nuance and depth of the content areas. This group added to the rich experience and insight of the Foundation staff and Steering Committee. Informing Change solicited the Knowledge Advisors' input and feedback on specific aspects of the assessment, including the assessment design and questions, data collection tools, selection of key stakeholders to interview, and draft products, at key points in time via phone calls and email exchanges. The selection of the Knowledge Advisor panel was finalized with feedback and input from the Learning and Evaluation staff, Nursing Initiative staff and the Steering Committee.

- Frank Federico, RPh, Executive Director, Strategic Partners, Institute for Healthcare Improvement
- Dr. Janis Bellack, PhD, RN, FAAN, President and John Hilton Knowles Professor, MGH Institute of Health Professions
- Dr. Amy Boutwell, MD, MPP, Founder, Collaborative Healthcare Strategies
- Dr. Charles Bosk, PhD, Professor of Sociology, Anesthesiology and Critical Care at Perelman School of Medicine and Senior Fellow at the Leonard Davis Institute of Health Economics, University of Pennsylvania

GRANTEE SURVEY

Informing Change administered a confidential online grantee survey to gain a better understanding of the overall impact of the Nursing Initiative, as well as capture lessons learned about the implementation of the Initiative and grantees' projects¹. Nursing Initiative staff provided the survey contact list, ensuring that the most appropriate project contact received the survey and that all email addresses were accurate. Prior to the survey launch, grantees received a notification from Nursing Initiative staff explaining the purpose of the assessment and alerting them that they would soon receive an email invitation from Informing Change to complete the survey. The survey launched on Friday, June 27 and remained in the field for approximately five weeks until it closed on Thursday, July 31. Beginning July 9, Informing Change began follow-up outreach to grantees who had not yet responded to the survey, including phone calls and weekly email reminders; the Nursing Initiative staff also sent an additional email reminder during this time.

The survey sample included grantees who received at least one grant from the Nursing Initiative between 2004 and 2014 under the nursing workforce, hospital patient safety or transitional care strategies or the standalone allocation. These grantees may have received grants for direct efforts, exiting efforts and/or dissemination efforts. Given the size and length of many grants, primary contacts were encouraged to include others within their organization in responding to the survey.²

Due to variation in the size of the organizations and staff knowledge of the grants, multiple grants (e.g., planning grant, implementation grant, dissemination grant) that were related to each other were grouped into "projects" (i.e., specific areas of work) for the purpose of the survey. Informing Change sent the survey to one primary contact for each project and only one survey response was allowed for each project. Respondents were asked to reflect on a project within the section of the survey about grants. If a respondent received grants for multiple projects, they were asked to reflect on each project separately. The Nursing Initiative staff provided information

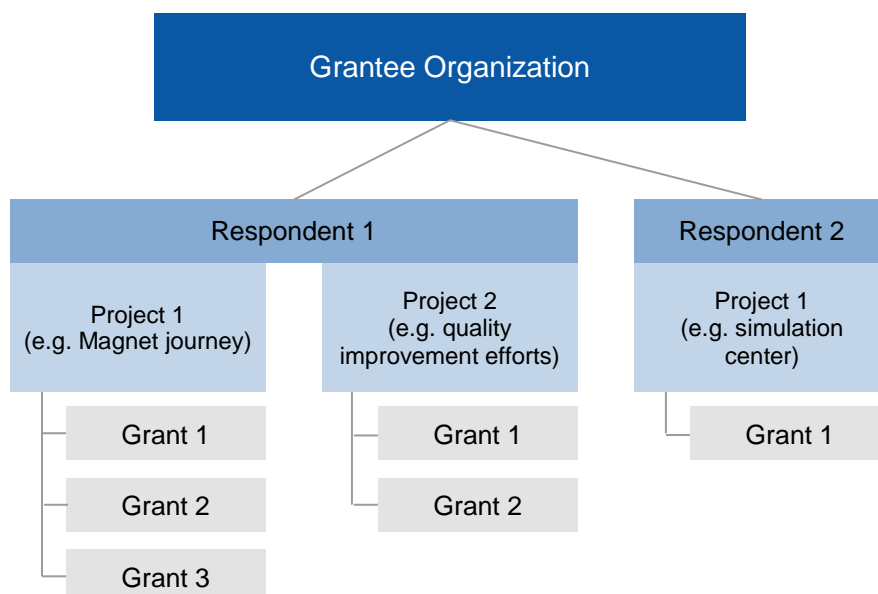
¹ The grantee survey is available upon request.

² Given that many of the Nursing Initiative's grantees are large hospitals and nursing schools, asking one person at these organizations to respond to all the grants received does not make sense; similarly, asking a contact to respond to each individual grant received over a period of ten years is not appropriate given the time and level of input it would require of informants.

on potential groupings of grants for each project; final groupings were determined in collaboration between the Nursing Initiative staff and Informing Change.

Exhibit B1 outlines the multiple units of analysis resulting from the survey structure, including the levels of individual respondents as well as projects.

Exhibit B1
Survey Units of Analyses & Respondent Level



Overall, the survey achieved a 66% response rate at the individual respondent level (72 of 109 valid email address responses). The survey responses represent 64% of all Nursing Initiative-supported projects (102 of 159), and 70% of total Nursing Initiative funding (\$126,610,650).³

INTERVIEWS

Informing Change conducted 78 phone interviews with 80 people to gather a comprehensive array of information about the type of projects funded, perspectives on the Foundation's approach to the work, impacts to date, successes and challenges, as well as lessons learned. Informing Change conducted an initial 15 interviews in Phase I (March–April) and 63 interviews in Phase II (June–July)⁴.

³ Survey respondents represent 71% of the nursing workforce, hospital patient safety, transitional care and standalone allocation funding.

⁴ The Foundation staff, external stakeholder and grantee interview protocols are available upon request.

	Completed Interviews
Foundation staff	14
External Stakeholders	18
Grantees	46
Nursing workforce grantees	14
Hospital patient safety grantees	19
Transitional care grantees	10
Standalone allocation grantees	3
Total	78

Informing Change proposed a list of informants to the Learning and Evaluation staff and Nursing Initiative staff and held a conversation to finalize the list based on their input. The informants were categorized as Foundation staff, external stakeholders or grantees using the definitions below:

- **Foundation Staff:** Interviewees who worked directly on the Nursing Initiative, oversaw aspects of the Initiative, or were involved with other work at the Foundation. This included both current and former Nursing Initiative staff, Foundation leaders and Foundation staff.
- **External Stakeholders:** Interviewees who had some awareness of the Nursing Initiative but did not receive a substantial grant amount or work on the Initiative. These interviewees include other nursing funders, staff at relevant government agencies, leaders of hospital or nursing professional associations, and leaders of other healthcare institutions.
- **Grantees:** Interviewees who received grants and have an awareness of the Nursing Initiative's work. Contacts achieved a range of success within their projects and represent each of the Nursing Initiative's three main strategies: nursing workforce, hospital patient safety and transitional care; grantees involved in leadership initiatives fell within each of these categories.

Informing Change staff prepared for each interview by confirming the informant's current position and work, reading the appropriate grant summaries and reviewing the informant's completed survey, if it was available. Interviews informed Phase I and II reporting, as well as profiles included throughout this final assessment report.

SECONDARY DATA REVIEW

To establish a well-developed understanding of the Nursing Initiative during Phase I of the assessment, Informing Change conducted an extensive review of the Nursing Initiative's vast documentation and data about the Initiative. Board reports were reviewed and coded using NVivo, an analysis software, to organize documents and identify themes and subtle changes over the Nursing Initiative's lifespan. Board presentations were also reviewed to augment learnings from the reports. Internal tracking tools, namely grant and outcomes tracking tools, were reviewed and analyzed to assess progress toward Board-approved outcomes, as well as to establish cumulative descriptive grant data (e.g., total funding, regional affiliation, grant strategy). Additional materials continued to support the assessment through each phase, providing a foundation for overall understanding and informing project-specific profiles (e.g., grant board summaries).

ANALYSIS METHODOLOGY

All existing and primary data was synthesized, organized and analyzed in one of two datasets—quantitative or qualitative. Data coding and analysis for both datasets aligned with the assessment questions. To facilitate more in-depth analysis, we coded data not just by key themes but also by key characteristics, such as source of data and type of respondent.

Secondary data and qualitative data from the interviews, surveys and document review were analyzed using NVivo, a qualitative analysis software. Informing Change developed a coding structure based on the assessment questions that allowed for discovery and capture of anticipated as well as unanticipated themes and findings. Coding was cyclical, so double-coding and recoding by more than one analyst ensured reliability and enabled us to capture themes for the Initiative overall and to split them by key characteristics. These qualitative data contributed to a deeper understanding of the Initiative, its impacts and how they were perceived by different groups, uncovering nuance and specific examples that are not surfaced through quantitative data.

Quantitative survey analysis was conducted using SPSS, a statistical analysis software. Survey findings were calculated at two levels: 1) the number of grantee respondents (72 total) and 2) the number of Nursing Initiative-supported projects represented in the survey sample (102 total). We began our quantitative data analysis with frequencies and means to understand the data in the aggregate. This informed our second round of analysis, in which we explored differences by key characteristics (e.g., data source, size and length of grants) using appropriate statistics. The total number of responses vary, as indicated in exhibits, depending on the applicability of the specific question to respondents (e.g., whether the grantees' Nursing Initiative support falls under a specific Initiative strategy or type of grant). "Don't know" responses are excluded from analysis unless otherwise noted.

The final phase of synthesis and interpretation brought both quantitative and qualitative findings together and took place in a collaborative manner. Assessment team members generated internal findings summaries which went through an internal iterative review process to identify the most salient findings and learnings from all data sources to focus, refine and tighten key findings. We also took advantage of our staff's and knowledge advisors' extensive experience in philanthropy, healthcare (nursing in particular) and evaluation to shed light on the Initiative in the broader context of the field and other similar efforts.

Appendix C: Interviewee List

Informing Change interviewed the following individuals from March through September 2014.

NURSING INITIATIVE GRANTEES

1. Ruben Amarasingham, Associate Professor, Internal Medicine, Department of Clinical Science, Parkland Health and Hospital System
2. Judith Berg, Executive Director, California Institute for Nursing and Health Care
3. Audrey Berman, Dean of Nursing, Samuel Merritt University School of Nursing
4. Peter Buerhaus, Valere Potter Professor of Nursing, Director, Center for Interdisciplinary Health Workforce Studies, Institute for Medicine and Public Health, Vanderbilt University Medical Center
5. Nancy Carragee, Vice President, Quality, Daughters of Charity Health System
6. Yan Ling Chen, Clinical Nurse Specialist, Chinese Hospital
7. Marilyn Chow, Vice President, Patient Care Services, Kaiser Permanente
8. Katie Choy, Nursing Director, Education, Washington Hospital Healthcare Foundation
9. Peggy Cmiel, Chief Nursing Officer, Chinese Hospital
10. Jayne Cohen, Department Chair, Nursing, San Jose State University
11. Eric Coleman, Professor of Medicine, Head of Division of Health Care Policy and Research, University of Colorado Denver School of Medicine
12. Jeffrey Critchfield, Professor, UCSF School of Medicine
13. Susan Cumming, Medical Director, Marin General Hospital
14. Susan Currin, Chief Executive Officer, San Francisco General Hospital Medical Center
15. Michael Day, Vice President, Information Technology, Daughters of Charity Health System
16. Kathy DeGuerre, Manager of Healthcare Programs, Foundation for California Community Colleges
17. Mary Dickow, Statewide Director, California Action Coalition
18. Fiona Donald, Medical Director, Health Plan of San Mateo
19. Kathleen Dracup, Dean Emeritus, UCSF School of Nursing
20. Nancy Donaldson, Clinical Professor Emeritus, UCSF School of Nursing
21. Gabriel Escobar, Research Scientist, Kaiser Permanente Northern California Division of Research
22. Lori Harmon, Director, Program Development, Society of Critical Care Medicine
23. Scott Heisler, Innovation Specialist, Kaiser Foundation Hospitals
24. Janet Holdych, Vice President, Quality, Dignity Health
25. Lynda Hooper, Grant Programs Director, Mills-Peninsula Health Services, Sutter Health
26. Deloras Jones, Executive Director, California Institute for Nursing and Health Care
27. Jessica Jordan, Chief Nursing Officer, ValleyCare Health System
28. Judy Karshmer, Dean and Professor, Advanced Practice Nurse, University of San Francisco School of Nursing
29. Audrey Lyndon, Associate Professor, UCSF School of Nursing
30. Kathy McGuinn, Director, Special Projects, American Association of Colleges of Nursing
31. Roberta Mori, Core Clinical Team Manager, Sutter Health Sacramento Sierra Region
32. Sunita Mutha, Director, UCSF Center for the Health Professions
33. Ed O'Neil, Former Director, UCSF Center for the Health Professions
34. Cheryl Reinking, Chief Nursing Officer, El Camino Hospital
35. David Renfro, Chief Nurse, Veterans Affairs, Palo Alto Health Care System
36. Carol Robinson, Chief Patient Care Services Officer, University of California, Davis Health System
37. Patricia Rutherford, Vice President, Institute for Healthcare Improvement
38. Jorge J. C. Sales, Director, Collaborative Services, Foundation for California Community Colleges
39. Suann Schutt, Clinical Program Manager, El Camino Hospital
40. Joanne Spetz, Professor, Philip R. Lee Institute for Health Policy Studies, Associate Director of

- Research Strategy, Center for the Health Professions, UCSF
41. Art Sponseller, President and Chief Executive Officer, Hospital Council of Northern and Central California
 42. Bruce Spurlock, President and Chief Executive Officer, Cynosure Health
 43. Pat Teske, Implementation Officer and Improvement Advisor, Cynosure Health
 44. Sean Townsend, Vice President of Quality and Safety, California Pacific Medical Center
 45. KT Waxman, Director, California Simulation Alliance, California Institute for Nursing and Health Care
 46. Alan Whippy, Medical Director, Quality and Safety, Kaiser Foundation Hospitals
 47. Vicki White, Vice President, Acute Care Services, Mills-Peninsula Health Services
 48. Jenson Wong, Chief Medical Informatics Officer, San Francisco General Hospital
 12. Joe McCannon, Senior Advisor, Partnership for Patients at the Centers for Medicare & Medicaid Services
 13. Patricia McFarland, Chief Executive Officer, Association of California Nurse Leaders
 14. Ahrin Mishan, Executive Director, The Rita and Alex Hillman Foundation
 15. Mary Naylor, Marian S. Ware Professor in Gerontology, Director of New Courtland Center for Transitions and Health, University of Pennsylvania School of Nursing
 16. Peter Pronovost, Senior Vice President for Patient Safety and Quality, Director of the Armstrong Institute for Patient Safety and Quality, Professor in the Departments of Anesthesiology, Critical Care Medicine and Surgery, Johns Hopkins University
 17. Ed Salsberg, Health Services Research, George Washington University
 18. Maribeth Shannon, Director Market and Policy Monitor Program, California HealthCare Foundation

EXTERNAL STAKEHOLDERS⁵

1. Amy Berman, Senior Program Officer, The John A. Hartford Foundation
2. Jane Brock, Chief Medical Officer, Colorado Foundation for Medical Care
3. Darlene Curley, Executive Director, Jonas Center for Nursing Excellence
4. Joanne Disch, Clinical Professor, School of Nursing, University of Minnesota
5. Jennie Chin Hansen, Chief Executive Officer, American Geriatrics Society
6. Sue Hassmiller, Senior Advisor for Nursing, Robert Wood Johnson Foundation
7. Martha Hill, Dean Emeritus, John Hopkins School of Nursing
8. Stephen Hines, Chief Research Officer, Health Research & Educational Trust (HRET), an affiliate of American Hospital Association
9. Stephen Jencks, Consultant in Healthcare Safety
10. Maulik Joshi, President, Health Research & Educational Trust (HRET) an affiliate of American Hospital Association
11. Maryjoan Ladden, Senior Program Officer, Health Care Group, Robert Wood Johnson Foundation

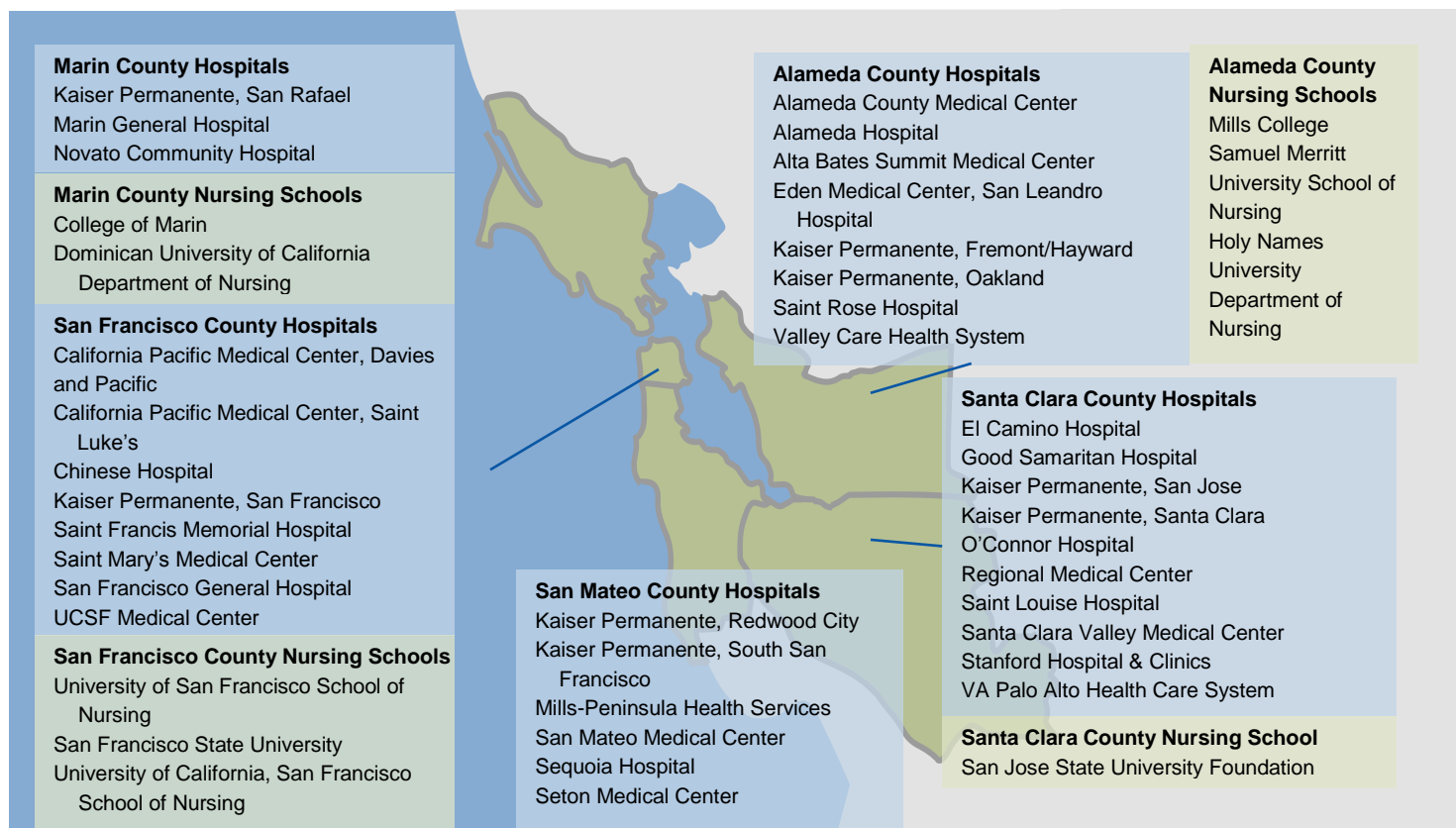
⁵ Joanne Disch, Patricia McFarland and Mary Naylor were also Initiative grantees. In addition, Mary Naylor was a member of the assessment's Steering Committee.

FORMER & CURRENT FOUNDATION STAFF

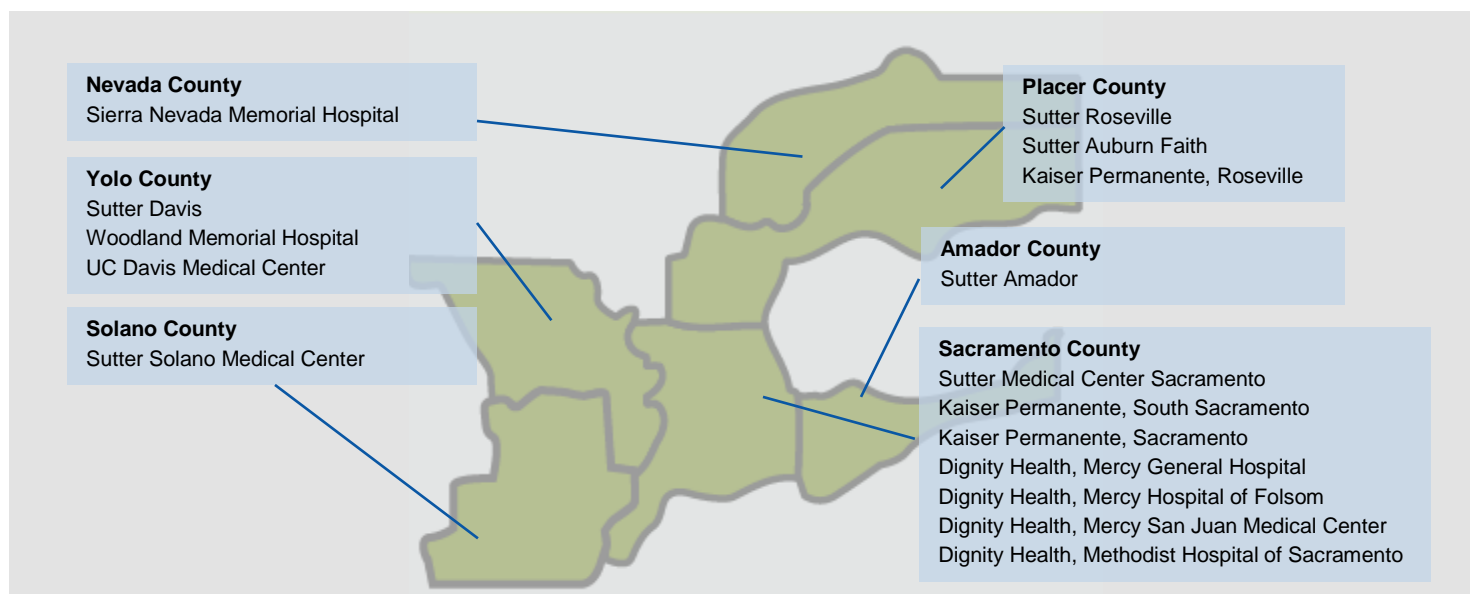
1. George Bo-Linn, former Chief Program Officer, Nursing Initiative
2. Kerri Folmer, Chief of Staff and Planning of the Gordon and Betty Moore Foundation
3. Helen Kim, former Chief Program Officer, Nursing Initiative
4. Elizabeth Malcolm, former Program Officer, Nursing Initiative
5. Steve McCormick, former Chief Executive Officer of the Gordon and Betty Moore Foundation
6. Ken Moore, Director, San Francisco Bay Area Program
7. Amy Mushlin, former Program Officer, Nursing Initiative
8. Edward Penhoet, former President of the Gordon and Betty Moore Foundation
9. Loren Pogir, Managing Director, Patient Care Program
10. Heather Rosett, Program Associate, Nursing Initiative
11. Marybeth Sharpe, Program Director, Nursing Initiative
12. Diane Schweitzer, Project Manager, Nursing Initiative
13. Stacy Walder, former Program Officer, Nursing Initiative
14. Kate Weiland, Program Officer, Nursing Initiative

Appendix D: Geographic Scope of the Nursing Initiative

San Francisco Bay Area



Greater Sacramento Area

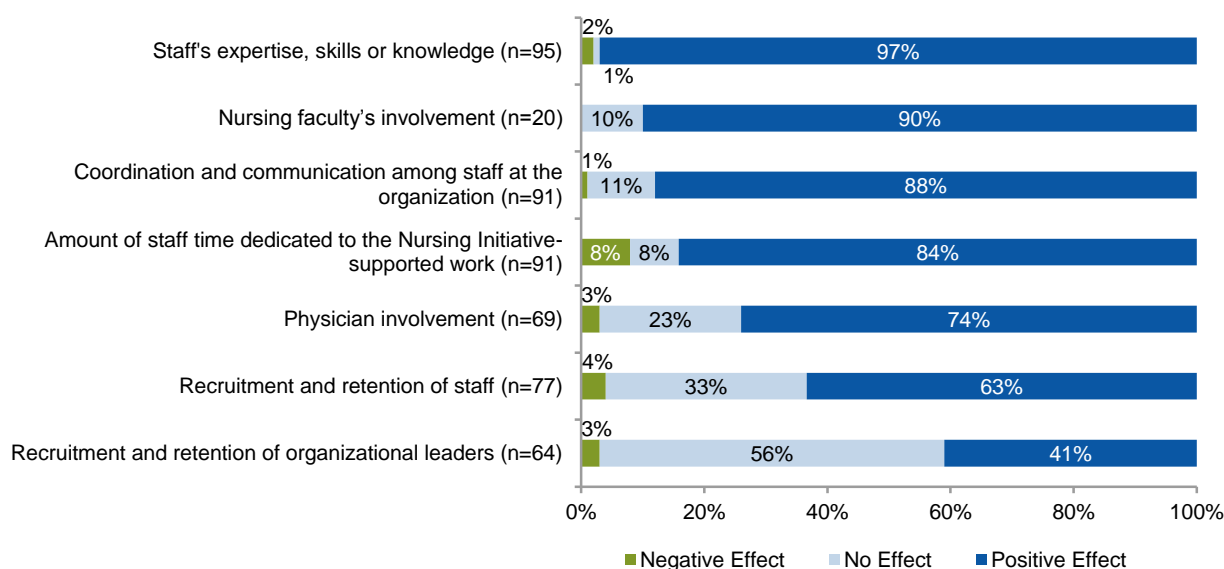


Appendix E: Influencing Factors on Grantees' Projects

The below grantee survey data show more detailed ratings of influencing factors on grantees' projects. The graphs focus on staff-related factors, organizational factors and external factors. As shown by the dark blue shading in the graph bars, many of the grantee projects experienced positive influence from the below listed factors.

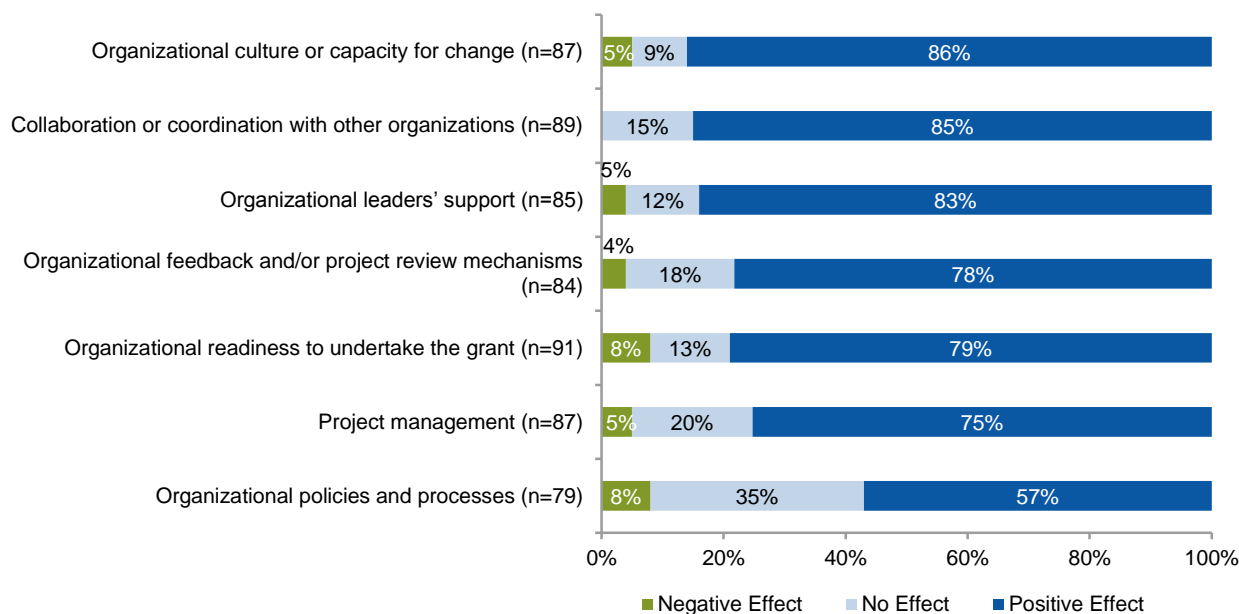
Percentage of Grantees' Projects Influenced by Staff-Related Factors

(N=20–95)

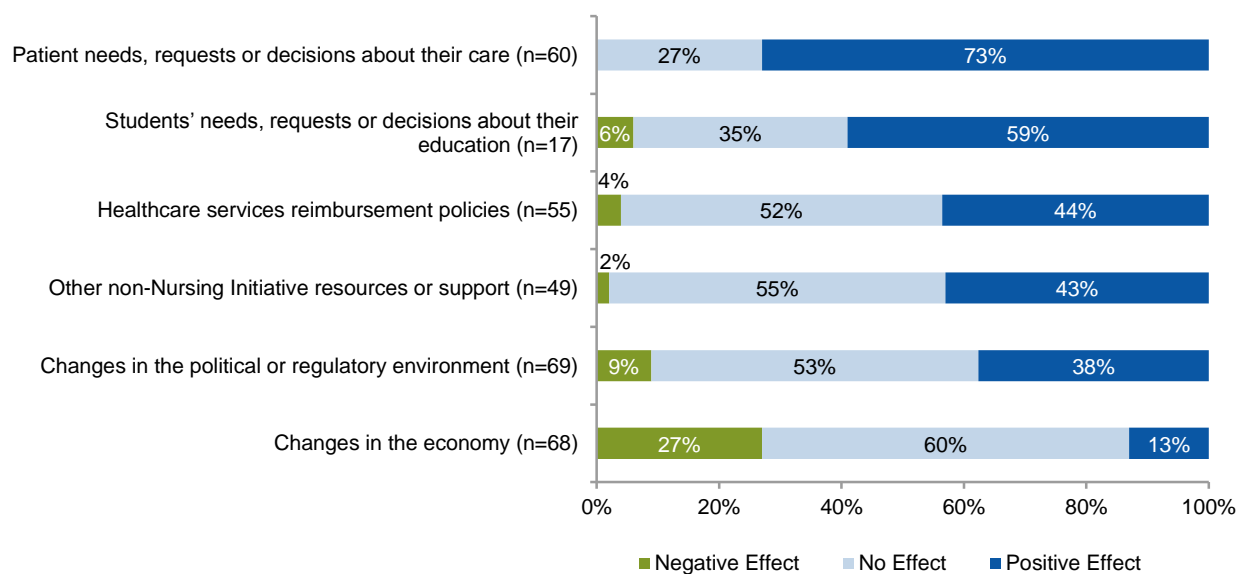


Percentage of Grantees' Projects Influenced by Organizational-Related Factors

(N=79–91)



**Percentage of Grantees' Projects
Influenced by External Factors**
(N=17–69)



Appendix F: Nursing Initiative-Supported Projects in Various Stages of Replication

Program	Description
Project Replicated	
Accelerated Doctoral Program	Accelerated doctoral program to graduate nurses with PhDs
Adjunct Clinical Faculty Program	Program to train clinical faculty
BEACON Collaborative	Hospital patient safety collaborative
California Action Coalition	Statewide position to coordinate Action Coalition efforts
Centralized Clinical Placement System	Web-based scheduling system for nursing student clinical rotations
California Collaborative Model for Nursing Education	Seamless progression from Associate's to Bachelor's degrees for nurses
Care Transitions Intervention Family Caregiver Protocol	Family caregiver protocol intended to help reduce avoidable hospitalization
Destination Great	Intervention to increase nurses' time in the patients' room and with patients
Dignity Health Sepsis Initiative	System-wide effort to reduce sepsis mortality
Dignity Preventable Hospital Complications and Mortality Initiative	System-wide effort to improve clinical outcomes (e.g., glycemic control, intensive care unit delirium, surgical complications, venous thromboembolism)
Emerging Healthcare Leaders Program	Leadership program for inter-professional emerging healthcare leaders to learn skills to lead change and improve patient outcomes in adult acute care hospitals
Integrated Nurse Leadership Program	Skill development of frontline nurses to address key patient safety issues
Kaiser Sepsis Initiative	System-wide effort to reduce sepsis mortality
Magic in Teaching	Annual conference for nursing faculty
Readmissions Predictive Model	Parkland Center for Clinical Innovation heart failure readmissions predictive model
Registered Nurse Transition-to-Practice Program	12–18 week program for new registered nurse graduates to increase confidence and competence
Simulation Collaborative	Shared simulation equipment, facilities, and simulation scenarios
University of California, Davis Medical Center Clinical Improvement	Hospital-wide effort to reduce multiple harms (e.g., ventilator-acquired pneumonia , sepsis, clostridium difficile-associated disease, intensive care unit delirium, venous thromboembolism)
UCSF Heart Failure Readmissions Collaborative	Local collaborative of hospitals seeking to reduce readmissions among heart failure patients
Project In Progress of Being Replicated	
Kaiser's Early Detection of Impending Physiologic Deterioration	Early warning system for early detection of impending physiologic deterioration of hospitalized patients
Quality and Safety Education for Nurses Informatics	Workshop to enhance the knowledge and competencies of nursing school faculty in informatics
San Francisco Quality Culture Series	Training for safety net clinic management teams to develop quality improvement, management and team work skills
Sutter Better Safer Care	Region-wide effort to reduce multiple harms (e.g., sepsis, intensive care unit delirium, glycemic control)

Appendix G: Suggestions for Nursing Initiative Communication & Dissemination Efforts

Aspects of the Nursing Initiative to Disseminate

- Funding all of one type of institution (i.e., adult acute care hospitals) in a defined geographic area to build capacity throughout that area, regardless of any individual organization's revenue or performance
- Clearly communicating the Foundation's goals, strategies and expectations with both grantees and Foundation staff at the launch and continuously re-iterating them throughout the work
- Utilizing an engaged partnership approach between Foundation staff and grantees (e.g., working together to generate ideas, discussing challenges, offering assistance)
- Drawing upon a variety of complementary supports to move forward grant-funded project work (e.g., collaboratives, onsite technical assistance, research)
- Using collaboratives to bring organizations together to facilitate peer sharing, learning and data exchange, including those that are in a competitive market
- Allowing adequate time for grantee organizations to plan and to deeply understand the issue they are trying to address, prior to fully implementing projects
- Requiring grantees to provide established progress and outcomes measures to benefit both the Initiative and themselves (e.g., helping them understand the projects' impact, using data to demonstrate the importance of the work, leverage other funds)
- Balancing measurement rigor with the need to respond flexibly to both internal and external conditions (e.g., field-wide trends, policy or regulatory changes, economic conditions, organizational mergers)
- Allowing room in the Initiative to be responsive and make changes, while being transparent about when and why changes occur
- Listening to grantees to understand their implementation processes and factors that contribute to successful implementation (e.g., executive-level support, matching funds, staff champions)
- Building on existing research and supporting its implementation at the local level, while also supporting new tools or approaches that can be piloted, tested and spread
- Integrating dissemination efforts into grant requirements, supplementing these requirements with training and assistance, and focusing on communications and marketing at an Initiative level
- Implementing an exit strategy for the Initiative to help position some of the funded work for longer-term sustainability and set grantees up for further success after the Foundation's funding has ended

Potential Audiences for Dissemination

- Grantee organizations
- Funders (e.g., Grantmakers in Health, Robert Wood Johnson Foundation, Rita and Alex Hillman Foundation, John A. Harford Foundation, Jonas Center for Nursing Excellence)
- Executives at hospitals and hospital systems across the nation, as well as organizations across the continuum of care (e.g., hospice, skilled nursing facilities, community health centers)
- Leadership at nursing schools (e.g., deans, boards)
- Professional associations and/or unions (e.g., Society of Hospital Medicine, American Hospital Association, American Association of Critical Care Nurses, American Nurses Association, California Nurses Association, Association of California Nurse Leaders)
- Public sector agencies and regulators (e.g., The Joint Commission, Centers for Medicare & Medicaid Services, federal government, local government, Board of Registered Nursing)
- Other organizations that are supporting or implementing similar types of work (e.g., Institute for Healthcare Improvement, National Quality Forum)

Potential Focus Areas for Dissemination

- Foundation's perspective and reflections on the Initiative
- The overall "story" of the Nursing Initiative
- Specific design elements or approaches
- Specific Initiative strategies (e.g., improving patient transitions, implementing evidence-based practices at hospitals)
- Tangible tips and considerations for project implementation
- Highlights of grantees' experiences and outcomes

Potential Methods for Dissemination

- Case studies or videos
- Practical manuals or "how-to" documents
- Funder reflections essay
- Social media (e.g., blog posts in Health Affairs)
- Article or feature in journal or publication
- Journal supplement focused on Initiative
- Conference panels or presentations



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