



Transforming Hospital Culture

An RWJF national program

SUMMARY

In the early 2000s, hospitals began taking steps to improve their organizational culture. They aimed to address several challenges, including patient dissatisfaction, nursing shortages and poor financial performance. Much culture change work focused on improving the work environment for nurses, who play a central role in patient care and hospital administration.

In 2006, *Transforming Hospital Culture* funded 10 hospitals (nine-month grants of up to \$50,000 each) to document their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

Key Results

- The 10 hospitals produced reports that detailed the story of their culture transformation. The hospitals achieved mixed results, as described in these reports. The documents described:
 - The strategies and interventions the hospitals used to achieve culture change.
 - The challenges encountered during the process and how the hospitals responded.
 - The achievements and successes the hospitals attained.
 - The sustainability of the change.

In general, the reports describe a transformation that often began either as the result of a crisis or a change in leadership. Many times, change involved giving nurses more decision-making authority both at the bedside and in regard to broader hospital policies.

The [Sidebars](#) include descriptions of each of the 10 hospitals' stories of culture transformation.

- The program produced a 2007 report titled *Transforming Hospital Culture: Key Findings from the Project: Tools that Support Transformation*. The report identifies

and synthesizes eight components to hospital transformation culled from the 10 hospitals' reports.

Funding

The Robert Wood Johnson Foundation (RWJF) supported the program with grants totaling \$475,861 between January and September 2006.

THE PROBLEM

In recent years, hospitals have taken steps to improve their organizational culture to address a number of challenging issues, including:

- Unexpected deaths related to errors during hospital stays.
- Patient dissatisfaction with the hospital experience.
- Labor issues, including significant nursing shortages and staff dissatisfaction with working conditions.
- Financial losses due to increasing costs and greater restrictions on reimbursement by payers.

Nurses play a central role in patient care and hospital administration, and many attempts to undergo culture change focus on improving the work environment for nurses.

Hospital officials hope that if nurses—and all employees—feel valued and experience a hospital as a caring, supportive, rewarding and challenging place to work, hospitals will have fewer difficulties with nursing shortages, recruitment and turnover.

A supportive culture, in turn, can also help a hospital:

- Become more welcoming to patients.
- Attract and retain enough staff to tend to patients and reduce the likelihood of medical errors.
- Become better positioned to compete with other health care institutions.

Defining Organizational Culture

Organizational culture refers to the "collective personality of the organization," writes Bobbie Kimball, RN, MBA, an RWJF consultant, in her white paper, *Cultural Transformation in Health Care*.

Organizational culture, according to Kimball, encompasses:

- Values

- Leadership style
- Language and symbols
- Procedures and norms
- The organization's definition of success.

Organizational culture is a shared value system derived over time that guides members as they solve problems, adapt to changes and manage relationships. According to Kimball, over time organizational culture becomes "the way we do things around here."

For example, a hospital may have a culture where nurses get the message that they should not ask questions about procedures or challenge authority. Or a hospital may have a culture in which nurses are expected to continue to learn and to apply relevant research to improve patient care.

Although most hospital leaders recognize the importance of organizational culture, many are unaware of interventions and strategies that could assist them in making culture change, according to Michelle Larkin, JD, MS, RN, RWJF senior program officer.

"There's a lot of literature around culture change and what's needed to initiate culture change," Larkin said, "but not a lot of substance about how people do it—actual tactics and activities that people have tried that have worked."

CONTEXT

At the time this program was funded, RWJF had a team that focused on nursing issues. One of the nursing team's strategic goals was to increase nurse retention through improvements in the hospital work environment. RWJF developed a three-pronged approach to environment issues, focusing on improvements in:

- Work processes and policies
- Physical design
- Organizational culture.

RWJF designed its national program, *Transforming Care at the Bedside*, to focus on creating, testing and implementing changes meant to improve care on medical/surgical units and improve staff satisfaction. Examples include the use of rapid response teams to "rescue" patients before a crisis occurs and models that support consistent and clear communication among caregivers.

Another project, *Designing the 21st Century Hospital*, emphasized improving the physical design of hospitals to make them more environmentally healthy and sustainable. For example, some hospitals contain carpets and other common building materials that

can leach carcinogens and asthma triggers into the air, threatening the health of patients, providers and staff.

To learn more about how to improve organizational culture in hospitals for nurses, RWJF funded two other projects in 2005:

- An expert meeting with a group of 15 leaders who had implemented organizational culture change within their institutions (Grant ID# 053260). The meeting provided an opportunity for RWJF and participants to learn more about accomplishments in fostering a vital organizational culture. As a result of the meeting, Nancy Reller, an RWJF consultant, prepared a summary report to inform the nursing team's future efforts in this area.
- Bobbi Kimball's white paper, *Cultural Transformation in Health Care*, that describes the complex nature of organizational culture and its role in health organizations (Grant ID# 053226). The paper also recommended that RWJF fund efforts to share and sustain promising practices of organizational change in hospitals.

RWJF staff designed *Transforming Hospital Culture* to implement the ideas generated from the expert panel and summarized in Kimball's paper.

THE PROGRAM

Transforming Hospital Culture supported 10 hospitals to document and share their stories of improving organizational culture. RWJF staff wanted these 10 hospitals to help other hospitals understand how to create and sustain culture change in their institutions.

In October 2005, RWJF sent a letter about the project to approximately 200 hospitals, asking them to apply; it received 66 applications. RWJF considered only those hospitals that had already undergone a process of organizational change and/or received award designations from a national group, such as:

- [Planetree](#), which helps hospitals adopt "patient-oriented" practices designed to make patients feel less intimidated by institutions and medical care. The group charges hospitals and other institutions fees to join.
- The American Nurses Credentialing Center, which confers its [Magnet](#) status on hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing care.

An advisory committee (see [Appendix 1](#) for list of members) reviewed the applications and recommended 10 hospitals for funding.

The hospitals represented a range of types, sizes and geographic locations. Among them were cancer centers, children's hospitals, Catholic hospitals and community hospitals.

The hospitals or hospital systems selected were:

- Aurora Saint Luke's Medical Center, Milwaukee, Wis. (part of [Aurora Health Care](#))
- [Boone Hospital Center](#), Columbia, Mo.
- [Children's Mercy Hospitals and Clinics](#), Kansas City, Mo.
- [Copley Hospital](#), Morrisville, Vt.
- [Humility of Mary Health Partners](#), Youngstown, Ohio
- [Lakeland Community Hospital](#), Niles, Mich. (part of Lakeland HealthCare, St. Joseph Mich.)
- [Meridian Health](#), Neptune, N.J.
- [Providence St. Vincent Medical Center](#), Portland, Ore.
- [Saint Alphonsus Regional Medical Center](#), Boise, Idaho
- [University of Texas MD Anderson Cancer Center](#), Houston, Texas

See [Appendix 2](#) for list of contacts for each hospital.

Each hospital received up to \$50,000 to produce a document that described the processes their organization used to transform, assess and sustain a healthy organizational culture. RWJF gave the project staffs at the hospitals wide parameters for the type of document they created including case studies, tool kits or Web-based products.

RWJF staff managed the nine-month grants internally. During the grant period, RWJF staff and consultants held conference calls every other month with participating hospitals. In those calls, participants shared challenges, lessons learned and suggestions for preparing their accounts of culture transformation.

Site Activities

Participating hospitals prepared their documents detailing the story of culture change by:

- Surveying, interviewing and holding focus groups of participants and hospital employees who had not actively participated in the process but who could speak to its impact.
- Observing the hospital culture through noting interactions among people during daily work and committee meetings as well as the manner in which the hospital communicated to internal and external audiences the changes it had undertaken.
- Collecting data to document any differences, after the culture change took place, in such measures as patient satisfaction, employee vacancies and patient outcomes.

- Reviewing hospital documents that provided background about the changes studied as well as earlier questionnaires and other findings about the process.

Communications

Under a separate grant, [Sojourn Communications](#), McLean, Va., the Robin Orr Group, Santa Barbara, Calif., and Katherine Garrett Consulting, New York City, produced a report that synthesized the hospitals' stories.

RESULTS

- **The 10 hospitals produced reports that detailed the story of their culture transformation.** The documents described:
 - The strategies and interventions the hospitals used to achieve culture change.
 - The challenges encountered during the process and how the hospitals responded.
 - The achievements and successes the hospitals attained.
 - The sustainability of the change.

In general, the narratives describe a transformation that often began either as the result of a crisis or a change in leadership. While the entire institution was engaged in a process of changing the culture, nurses played key roles. Many times, change involved giving nurses more decision-making authority both at the bedside and in regard to broader hospital policies.

Changes also involved:

- Recognizing nurses and other employees for their work.
- Establishing career ladders that rewarded staff for good patient care rather than serving on committees or receiving tenure.
- Embracing a culture that put patient needs at the center of all decisions.

Challenges included:

- The difficulty of changing the status quo among some entrenched employees.
- The necessity of continually repeating the messages so that the desired change in culture sunk in among hospital staff.
- Many hospitals also reported difficulties in sustaining change and in determining the steps to take to keep momentum going in transforming culture.

The following profiles summarize the hospitals' efforts and illustrate their individual experiences with the culture change process:

- **Aurora St. Luke's Medical Center: Nurses Transform Unwieldy Decision-Making, Go Back to Bedside.** At Aurora St. Luke's, too many nurses had a part in decision-making, which meant that few decisions were made. A key part of Aurora's cultural transformation was limiting the number of nurses who called the shots, while still representing the nurses who took care of patients at the bedside. For the full story, read the [sidebar](#).
- **Boone Hospital Center: Boone Hospital to Employees—Be Nice or Leave.** In 1993, Boone Hospital Center's new president, faced with changes in health care financing and increased competition, introduced a new job requirement: employees had to be nice. It was part of an emphasis on customer service in the midst of layoffs of middle management employees. The hospital increased expectations and responsibility for all employees, including nurses. For the full story, read the [sidebar](#).
- **Children's Mercy Hospitals: From Status Quo to Top Children's Hospital.** In 1993, Children's Mercy Hospitals and Clinics in Kansas City, Mo., needed a push. It got it from a CEO who had a bold vision: to be the best children's hospital in the world. For the staff at the small hospital, the vision was a bit frightening. For the full story, read the [sidebar](#).
- **Copley Hospital: A Troubled Hospital Stumbles in its Transformation Attempt.** Copley Health Systems in Morrisville, Vt., is a small community hospital with a history of poor relations between its administration and nurses. An attempt to transform its culture in 2005 did nothing to improve those relations. The rural hospital's story illustrates the difficulty of change—and the perils of neglecting to include key interest groups in an attempt to transform a culture. For the full story, read the [sidebar](#).
- **Humility of Mary Health Partners: Nurses Report Mixed Results of Hospital Transformation.** In 1998, the Humility of Mary Health Partners, a two-hospital Catholic health system in Ohio, undertook a process of culture transformation to address growing dissatisfaction among nurses. Several years later, nurses indicated that some aspects of the culture had improved while others had not. For the full story, read the [sidebar](#).
- **Lakeland Community Hospital: Physical Transformation Spurs a Culture Change.** The need for a physical facelift prompted a much deeper change at Lakeland Community Hospital in Niles, Mich. First built in 1945, Lakeland had drab, beige walls, patients jostling each other for waiting room chairs and no place for staff to go "off stage" to do their work. The hospital had outgrown itself and needed to be modernized. But it also needed something else. For the full story, read the [sidebar](#).

- **Meridian Health: Special Units Give Nurses Autonomy, High Expectations.** Faced with a looming nursing shortage, Meridian Health system officials decided to ask more of their nurses, not less. In 2000, the health system, located in Neptune, N.J., was struggling to integrate the merger of three hospitals. Its patient and employee satisfaction scores were low. The hospitals' finances were stagnant. To add to the health system's struggles, nursing vacancies reached more than 14 percent. For the full story, read the [sidebar](#).

- **Providence St. Vincent Medical Center: Ethics at Center of Cultural Change.** A Catholic hospital in a state that became the center for a national debate on ethics needed to shore up its approach to ethics. In the 1990s, Oregon legislators were discussing and ultimately passing physician-assisted suicide legislation. New technology was allowing patients to live longer. Premature babies were getting resuscitated and kept alive. There was little guidance about how to navigate these difficult situations.

In the midst of the turmoil was Providence St. Vincent Medical Center, a Catholic hospital in Portland, Ore., that needed to expand its ability to help its nurses and others deal with difficult ethical issues they faced each day. For the full story, read the [sidebar](#).

- **Saint Alphonsus Regional Medical Center: Poor Ratings From Community Wake Up Hospital.** In 2003, St. Alphonsus Hospital in Boise, Idaho, got a jolt when the marketing department conducted what staff thought were routine focus groups among community members. "Through these focus groups, we heard from our community members that while if you were really sick you would go to St. Al's, the community wasn't sure if we cared about patients as much as about ourselves," said Pamela Thomas, former director of culture development at St. Alphonsus. "That was a big wake up call for the board and senior leadership." For the full story, read the [sidebar](#).

- **University of Texas MD Anderson Cancer Center: Nurses Find Their Identity.** At MD Anderson Cancer Center in Houston, Texas, nurses were overshadowed by the center's national reputation for cancer care and a complex organization that made it difficult for nurses to relate to their colleagues. The cancer center has no medical students or residents, so nurses, usually nurse practitioners, perform the tasks that medical residents typically perform. These nurses report to physicians who head up the center's medical departments, rather than to a nurse manager.

"If you are reporting to physicians, they aren't the individuals who can set the tone for nursing practices or standards," said Beverly Nelson, PhD, RN, director of nursing programs. For the full story, read the [sidebar](#).

- **Consultants produced a 2007 report titled *Transforming Hospital Culture: Key Findings From the Project: Tools That Support Transformation*.** The report identifies and synthesizes eight components to hospital transformation culled from the 10 hospitals' reports. Those components are:
 - *Setting the groundwork:* assessing the hospital's readiness to start a process of change.
 - *Making the commitment:* top hospital leadership making a public commitment to undergo organizational change.
 - *The health care team:* including representatives of all hospital staff who affect the culture.
 - *Support programs, education and training:* tangible activities, programs, educational initiatives or training sessions to give substance, vitality and longevity to transformation work.
 - *People practice:* human resources, hiring new staff and orienting these new staff to the hospital culture.
 - *Communication:* communicating the vision for the future of the organization.
 - *Measuring progress:* measuring changes in attitudes, behaviors and perceptions.
 - *Sustaining momentum:* incorporating changes into organizational policies, procedures and systems.

LESSONS LEARNED

1. **Find the urgency for change. It is hard to change long entrenched ways of doing things.** A sense of urgency makes people more willing to step out of the comfort zone of how they do their work and try something new. The urgency might be poor financial performance, negative patient satisfaction and/or employee reviews, a looming nursing shortage or a new requirement to obtain national certification to keep one's job. It is important for everyone—not just the leadership—to understand and feel this urgency to change. (Teri Wurmser/Meridian Project Director; Mary Hagle/Aurora Project Director)
2. **Ensure you have support from top leadership.** Participants at almost all 10 hospitals said that either the CEO or the chief nursing officer spearheaded and then pushed the work of cultural change. Leaders need to be out front with a mandate for change and they also have the power to give their staff the resources they need to carry out change. (Teri Wurmser/Meridian Project Director; Karen Cox/Children's Mercy Project Director)

3. **Ask people whose support the hospital will need to achieve culture change to be a part of the initial planning.** Copley Hospital leaders made the mistake of not involving key constituents, including leaders of the nurses' union, physicians and the board of directors. Their plans to change the hospital's culture ran into many difficulties because of the absence of these groups. (April Tuck/Copley Project Director; Beverly Nelson/MD Anderson Project Director)

4. **Have a big vision.** Several participants said that they and the hospital staff were inspired (and a bit intimidated) by working toward a grand vision for their hospitals.

For example, the CEO of Children's Mercy Hospitals and Clinics in Kansas City, Mo., said he wanted the hospital to be the best children's hospital in the world. At first that vision seemed impossible. But the more the staff heard it, the more they began to believe it was possible and started working to make that vision a reality. In 2008, the hospital made *U.S. News and World Report's* list of top children's hospitals in two specialties, pediatric digestive disorders and neonatal care. (Karen Cox/Children's Mercy Project Director; Debra Johnson/Lakeland Project Director)

5. **Communicate the vision over and over again.** Set up visual representations of goals to help employees remember them. Hold retreats at the start of a process of change to help employees understand why the hospital is undertaking the change. Continue to reinforce the vision for change so that it becomes part of daily life at the hospital. (Debra Johnson/Lakeland Project Director, Laura Noren/Boone Project Director; Susan Marshall/Saint Alphonsus Project Director; Beverly Nelson/MD Anderson Project Director)

6. **Look outside hospitals for lessons about how to transform culture.** Some of the hospitals either conducted site visits to or brought in speakers from companies famous for their customer service and culture of valuing employees, including Southwest Airlines, Nordstrom department stores, the Walt Disney Company and the Ritz-Carlton Hotels. The hospitals adapted these companies' approaches to their institutions. (Teri Wurmser/Meridian Project Director; Laura Noren/Boone Project Director)

7. **Make expectations clear and follow up on them.** It is critical that employees understand the new expectations of them, as well as the consequences for not meeting those expectations. Boone Hospital made it clear to job applicants and employees that they had to be nice to patients and each other or they'd get fired or moved to a different job.

At Meridian Hospital, nurses on a demonstration unit were expected to get national certification in their specialties within two years. Two nurses refused to do so; one had to leave the organization and the other was transferred to another nursing unit. The actions sent a message to the rest of the nurses on the unit that they had to abide by the requirements. (Laura Noren/Boone Project Director; Teri Wurmser/Meridian Project Director)

8. **Assign to a staff member the job of keeping the work of culture transformation on track.** Without this kind of oversight, the work can easily go off track and get lost in competing priorities. Also, if no full-time staff member is devoted to the work of cultural change, it sends the message that the work isn't that important to the hospital. (Susan Marshall/Saint Alphonsus Project Director; April Tuck/Copley Project Director; Beverly Nelson/MD Anderson Project Director)
9. **Give employees support to help them change.** For example, if a hospital requires nurses to pass a national certification exam in order to be eligible for raises, it should provide them with help in passing those exams, including paid time off and tutors, if necessary. (Teri Wurmser/Meridian Project Director)
10. **Give employees a forum where they have the ability to make decisions about hospital policies.** All of the hospitals in the *Transforming Hospital Culture* program set up nursing councils so that front-line nurses could have input into how the hospitals were run and how patients were cared for. The councils that appeared to work best were small, had direct lines to top hospital officials who could act on recommendations and were set up to address pressing issues quickly.

Several hospitals also established projects called "service recovery" in which nurses and other employees take the initiative to respond to patient complaints or potential problems. Staff can give patients and their families gift certificates, send them flowers or put them in touch with managers to make sure their concerns get addressed. (Debra Johnson/Lakeland Project Director; Karen Cox/Children's Mercy Project Director; Susan Marshall/Saint Alphonsus Project Director)
11. **Demonstrate the impact of change through quantifying clinical and financial outcomes.** Show hospital leadership the impact of the changes (which cost money to implement) through outcomes such as cost avoidance, cost savings, quality outcomes and employee and patient satisfaction. (Mary Hagle/Aurora Project Director)
12. **Rewarding and recognizing employees helps to boost morale, especially during a period of change.** Several hospitals set up programs to recognize and celebrate employees who were doing good work or had reached milestones, such as attaining national certification. (Laura Noren/Boone Project Director; Teri Wurmser/Meridian Project Director; Susan Marshall/Saint Alphonsus Project Director)
13. **Revisit plans and tweak them.** Continually evaluate your structure (environment), process (how to take care of patients) and outcomes (quality of care, financial stability and employee and patient satisfaction) and continue to make improvements. For example, if you have instituted nursing councils, ask: Are they working as you hoped? Can you consolidate them? Are there other changes that would improve their effectiveness? (Mary Hagle/Aurora Project Director; Teri Wurmser/Meridian Project Director; Beverly Nelson/MD Anderson Project Director; Laura Noren/Boone Project Director)

14. **Hold the course long enough for the change to become part of the fabric of the organization and for new behaviors to become habit.** It takes time for changes to become the "new normal." It is important to continually attend to the culture and reinforce and nurture the kind of culture change you want. (Susan Marshall/Saint Alphonsus Project Director; Susan Randles Moscato/Providence Project Director; April Tuck/Copley Project Director)

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Sidebars

NURSES TRANSFORM UNWIELDY DECISION-MAKING, GO BACK TO BEDSIDE

Aurora St. Luke's Medical Center, Milwaukee, Wis.

At Aurora St. Luke's Medical Center, too many nurses had a part in decision-making, which meant that few decisions were made.

A key part of Aurora's cultural transformation was limiting the number of nurses who called the shots, while still representing the nurses who took care of patients at the bedside.

Aurora St. Luke's Medical Center was one of 10 hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

Aurora St. Luke's Medical Center is part of Aurora Health Care, a five-hospital system in Milwaukee, Wis. Aurora St. Luke's undertook a process starting in 1989 to help nurses play a bigger role in running their units. The process was led by a new chief nurse executive, Vicki George. At about the time that George arrived, the hospital reported a financial loss for the first time.

Financial Woes Help Spur Turnaround

The combination of a new, energetic nurse leader and the shock of a financial downturn created the impetus for change, according to Mary Hagle, PhD, RN, who conducted the RWJF study on Aurora St. Luke's cultural transformation.

"St. Luke's had lost money and it never had in the past," Hagle said. "People said, 'This is serious and we need to turn this around.' Without urgency and seriousness it's hard to make changes."

Hospital officials believed that one key to running an effective system was to make sure that nurses, who provide much of the care, played a significant role in decision-making about care. A previous governance structure created to achieve that goal was not working.

"At the time, there were 120 nurses sitting in an auditorium for hours and no decisions were being made," Hagle said. "It wasn't efficient and effective."

Reward System Faulty

Nurses were also unhappy with their inability to advance in their careers based on the quality of their patient care. The system in place rewarded nurses for participating in committees, taking classes and doing research rather than their ability to take care of patients. Nurses wanted greater access to research to help them provide the most up-to-date, evidence-based care to their patients.

The new chief nurse executive and other nurses conducted a comprehensive assessment of the issues, and as a result, Aurora St. Luke's put in place a new system that focused on four interventions:

- Elected nurse representatives made decisions in a smaller council of 15. There were also several task forces. The council and task forces had to be led by staff nurses who did bedside care rather than nurses who were managers, as in the past.

"That was hard for the nurse managers not to lead it," Hagle said. "They felt that their authority was being usurped."

Nurse managers had to learn that they were sharing their power, not letting it go, Hagle said.

- A new career advancement system tracked and rewarded nurses as they progressed in their nursing expertise from novices to experts in their fields. The system, which Aurora made mandatory, required nurses to write stories about their practice. A group of their peers reviewed the narratives to determine the stage the nurse was in in her or his development.

Hagle and her colleagues interviewed one nurse who described the apprehension she and others felt about the new system:

"There was a big fear because under the old model, I was applauded, I was rewarded, I was affirmed for what I got done, for the many committees I lead, how many policies I was able to finish or revise, how many courses I was able to teach. So we took the emphasis from what you could do to who you were.... That's very frightening because a nurse had to own who she was at that time. There was no test to study for."

- Staff nurses participated in four one-day courses designed to improve their leadership skills. The courses were designed to help bedside nurses develop the skills to lead the decision-making councils.

- The hospital created a nursing research center and hired a doctorate-level nurse researcher to oversee a research program on nursing practice and changes in practice. The hospital also modified nurses' job descriptions to include an expectation of doing research for each stage of nursing expertise.

Struggling to Make Changes in a Busy Hospital

The challenges the hospital faced, included communicating the importance of the work and finding the time and money to implement changes.

One nurse reported, "Even though there was a support there, it still meant that we needed to pull the staff away from the unit, away from the care that obviously they value a lot and we value a lot and somehow still care for the patients."

Despite the misgivings, the change process yielded results. Hagle and colleagues reported that:

- All five hospitals in the Aurora Health System have instituted the new system for recognizing and rewarding nurses.
- In 2001, the Aurora Health System achieved [Magnet](#) status, a designation of the American Nurses Credentialing Center that recognizes health care organizations that provide excellent nursing care.
- Since 1989, members of the hospital's nursing staff have published an annual average of nine research publications, and Aurora has integrated nursing research into nursing activities.
- Nurse leaders worked to achieve improved outcomes. For example, since 2001, the rate of healthcare acquired pressure ulcers has declined every year, with a 68.2 percent decrease overall.
- Participants in the change process report that Aurora nurses are engaged in decision-making with other key leaders including physicians, quality management personnel, and pharmacists.

Ten years after the first leadership training program evaluations, 57 percent of eligible nurses report that they have the freedom in their clinical nursing practice to make important decisions as they see fit.

[Grant ID: 56361](#)

BOONE HOSPITAL TO EMPLOYEES: BE NICE OR LEAVE

Boone Hospital Center, Columbia, Mo.

In 1993, Boone Hospital Center's new president, faced with changes in healthcare financing and increased competition, introduced a new job requirement: employees had to be nice.

The directive was part of an emphasis on customer service in the midst of some layoffs of middle management. The hospital placed greater expectations and more responsibility on employees, including nurses.

"It used to be that...you could be an excellent clinician but if you treated patients poorly, we would say that's okay," said Laura Noren, director of patient care support services at Boone. "That's not okay. When that mindset took hold, that really changed things.... We're much more ready to choose not to hire people or let them go if there are behavioral problems."

Boone Hospital Center was one of 10 hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

Looking to Disney

As part of its cultural transformation process, Boone staff members brought in speakers from companies renowned for their customer service, including Nordstrom department stores, Southwest Airlines and the Ritz Carlton Hotel Company. Staff also traveled to the Disney Institute's University Professional Development Programs to learn Disney's secrets for making customers happy.

Using information from these other organizations, Boone staff created new job requirements for their own organization. Boone instituted a screening process where all potential job applicants had to view a video that outlined the expectations for employee behavior.

Putting Prospective Employees on Notice

Potential employees then went through a rigorous job interview in which they described to human resources staff how they would deal with difficult situations. Potential employees also "shadowed" a staff person performing the job for which they were applying, so they could learn about the job and their potential peers could evaluate them.

Any employee who is hired must sign an agreement to abide by certain standards of behavior and renew that agreement each year.

The hospital faced resistance to change — in particular, nurse managers were unhappy about losing the power to hire their staff. The hospital's new procedures required each potential hire to go through the human resources interview process first.

"We took authority away from nursing directors and gave it to human resources to [first] interview an applicant being considered," Noren said. "That was a huge change. When you are right there and trying to cover your shift it's easy to say, 'I'll take this warm body; I have holes all over the schedule.' The directors didn't like their power being taken away from them at all."

The hospital also had laid off some middle managers, which increased the work load for nursing directors. Eventually the hospital hired more managers.

Helping Nurses Navigate Changes

To help ease the transition, Boone held classes for nurses and other employees about strategies for handling change.

"We said, 'We know it's difficult and you have to get through it,'" Noren said. "It was a little bit of 'love or leave it.' The accountability of 'we're okay with you going if you don't want to adapt' was real."

Noren estimates that about five to ten percent of the employees left during the change. Some of them later came back.

Giving Employees More Authority

The hospital also wanted employees to have the power to correct problems that they saw developing. The hospital created a "customer service recovery council" that trained staff to handle many patient complaints or potential problems without delay.

The council developed a kit of gift cards, meal tickets and vouchers for the hospital gift shop that employees could use to address problems. If a patient's family waited several hours for a medical test that was continually postponed, a staff member could give them a gift certificate for dinner at a local restaurant. Staff members could also get flowers from the gift shop and bring them to a patient who had experienced an inconvenience, as a way of expressing the hospital staff's regret.

Celebrating Employees

In addition, the hospital began a new focus on employee recognition. In one program, called the "Shooting Stars," staff could nominate their colleagues to receive a gift certificate for exceptional customer service. The hospital retention committee also made

unannounced visits to staff members who had received recognition and conducted a brief ceremony to honor them.

Unlike other cultural transformation efforts that focus on nurses, since they provide most of the care, this hospital asked all staff members, from custodians to nutritionists to administrators and nurses, to make changes. Because the changes involved everyone on staff, the important role of nursing did not take a center stage, which was difficult for some nurses, Noren said.

For example, Boone stopped recognizing National Nurses Week and instead simply celebrated Hospital Week, which meant that nurses did not get the customary yearly recognition. To address that problem the hospital has begun recognizing Nurses Week again as part of Hospital Week, according to Noren.

During the work of transforming the hospital culture "everything was so equally emphasized that it took away from nursing," Noren said. "It almost swung too far—that we are all in this together and nursing is just one component of it."

The RWJF report noted that several organizations recognized Boone Hospital Center's accomplishment of cultural transformation. Among the acknowledgements were:

- The 2003 PRC 5-Star Customer Service Hospital designation, limited only to hospitals or health facilities that achieve a score in the top 10 percent of the nation, based on the percent of patients who rated their hospital as "Excellent". The award is given by Professional Research Consultants, Inc. (PRC), a nationally-known healthcare marketing research company headquartered in Omaha, Neb.
- The [Solucient 100 Top Hospitals](#) designation that uses the two most recent years of publicly available data and empirical methodology to measure hospital performance and identify the highest performers in the country. (Thomson Reuters now administers the 100 Top Hospitals ranking.)
- The [Magnet](#) designation of the American Nurses Credentialing Center, which recognizes excellence in nursing practice.

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FROM STATUS QUO TO TOP CHILDREN'S HOSPITAL

Children's Mercy Hospitals and Clinics, Kansas City, Mo.

In 1993, Children's Mercy Hospitals and Clinics in Kansas City, Mo. needed a push. It got one from a visionary CEO who had a bold vision: It would be the best children's hospital in the world.

For the small hospital, the vision was a bit frightening.

"We had a culture of the status quo," said Karen Cox, PhD, RN, co-chief operating officer at Children's Mercy. "We were a good place. We were known for taking care of children who were really sick and complex or indigent, but we needed to get to the next level where we were the place for children's care in Kansas City and the region."

Children Mercy Hospitals and Clinics was one of 10 hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

A Culture of Micromanagement

When the hospital began its cultural change process, it was struggling financially and running out of space. What's more, staff worked in an environment where they had little freedom to make changes without securing permission from their managers and top leadership.

"The effect is that it really does stifle innovation at the front lines of care," Cox said. "People are not looking at new ways of doing things. Things were not bubbling up from the bedside of the providers. They were waiting for management to solve things as opposed to being more proactive."

Giving Staff More Authority

Hospital leadership took several steps to turn things around. They:

- Hired top people for leadership positions and let them make changes as they saw fit.
- Began paying for employees to take classes and earn advanced degrees although those staff members might have sought work elsewhere once they attained more education.
- Allowed employees greater flexibility in their jobs, including job sharing.
- Encouraged staff members at all levels, including nurses, to bring forward solutions to issues they saw in their daily work. Trained facilitators from the hospital staff — but not individuals working in a part of the hospital experiencing the problem — helped all staff affected by the problem to work toward a solution.

For example, processing orders for complex intravenous nutrition, such as TPN (total parenteral nutrition), was difficult because it required coordinating the work of medical residents, nurses and the nutrition department.

Beth Lyman, RN, GI Nutrition Support Program Coordinator, and her team created a training program for residents on complex IV nutrition situations. The necessary committees approved the new program in just three weeks.

"Today our residents write TPN orders that are safe because we were given the freedom to make the suggestion and write the training," Lyman said.

- Made patients and families the focus of all decisions. Children's Mercy appointed a Family Advisory Board in 2003.

"That is a group that really keeps you grounded," Cox said. "You want to talk about a cheap thing to do. Feed them lunch. Get them a gift once a year. They will be your best advocates and they will tell you things you are doing that aren't so great. That's what you need."

The advisory group created a video called "Winning Communications" that gives tips on how to communicate with families. Hospital staff shows the video to all new employees.

- Consulted others on plans for expansion. Hospital officials wanted to build a new facility in the suburbs of Kansas City. They talked with those living in the community, physicians and the business owners to get a sense of what each group wanted.

Hospital staff learned that physicians did not want a new primary care facility because it would compete with their businesses. They did want certain specialties and urgent care after hours. The hospital eventually built a clinic in the northern suburbs that addressed those needs.

Hospital Achieves Top Rankings

Children's Mercy officials pointed to the following results following the culture change:

- In its first ranking of children's hospital specialties, *U.S. News and World Report* placed Children's Mercy among the top programs in the country. Children's Mercy ranked 17th for pediatric digestive care and 26th for neonatal care.
- Since 1995, Child magazine has ranked Children's Mercy as one of the nation's top children's hospitals.

"Successful projects about cultural transformation are not about one big bang, but day in and day out doing the smaller things," Cox said.

Grant ID: 56364

A TROUBLED HOSPITAL STUMBLES IN ITS TRANSFORMATION ATTEMPT

Copley Hospital, Morrisville, Vt.

Copley Hospital in Morrisville, Vt. is a small, community hospital with a history of poor relations between its administration and its nurses. Copley's effort to transform its culture in 2005 did nothing to improve those relations.

The rural hospital's story illustrates the difficulty of change—and the perils of neglecting to include key interest groups in an attempt to transform a culture.

Copley Hospital was one of 10 hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

Dissatisfaction Among Nurses

In the late 1990s, Copley Hospital was a place where decisions came down from the administration and if staff nurses didn't like them, well, that was too bad, said Sue Lucas, a staff nurse in the special care unit.

Frustrated by their lack of input into decision-making, the nurses formed a union in April 1997 and went on strike in May 1998. The month-long strike left no one satisfied with the outcome and nurses were still looking to be a bigger part of decision-making, said Lucas, president of the nurse's union.

Fast-forward to 2005 and a new administration that recognized the need for more communication and for nurses to have more decision-making authority. Hospital officials joined the [Planetree](#) organization, which works to help hospitals focus on patient-centered care.

Flawed From the Start

According to participants and an RWJF report on the process, hospital officials made several mistakes in rolling out the Planetree model. Among them:

- There was minimal staff and community involvement in assessing whether to undertake the work of culture transformation. Among those missing from the deliberations were physicians, members of the board of trustees and leaders from the nurses union. In addition, some nurses had difficulty becoming part of the process, because the working group held meetings during the day. That meant that nurses working the evening or overnight shift could not participate.

- Because nurses had little input, although many might have agreed with Planetree's focus it became irritating to the nurses.

"They said, 'We're going to be patient focused,'" Lucas said. "Quite honestly we said, 'Oh yippee. Now we're going to be patient focused.' What did they think we were doing as nurses?"

- It appeared that Planetree was being used as a band-aid for deep-seated problems that the administration was not addressing.

April Tuck, the director of human resources at Copley Hospital, was not on staff at the time of the Planetree implementation. But in her research and her interviews with participants she said that the Planetree process masked deeper issues at Copley.

"It was the fact that as an organization we didn't treat each other well," Tuck said. "There was not a sense of civility or deep camaraderie.... In order for Planetree to work, everyone has to be vulnerable and be willing to look at his or her own actions. There wasn't a lot of that going on."

- Hospital officials communicated little about the plan, so few people supported it. In 2006, the hospital hired an interim CEO who announced that Planetree was going into hibernation. It had become a lightning rod for many of the employees' negative feelings about the hospital.

Lessons From Failures

According to Tuck, the hospital is learning from the mistakes they made in implementing Planetree and is moving forward to adopt a more open, collegial way of working. She points to the relationship she has with Lucas, the union president, as an example. She and Tuck often meet to talk over issues and respect one another's contributions, she said.

In 2008, a new CEO began a strategic planning process that involves all the key players, including union leadership.

"We're going through the healthy pain of self examination," Tuck said.

Lucas added, "It's been a stark difference over the past year."

She said that the nurse's union used to always file for arbitration because the administration wasn't interested in sitting down and talking about problems. Now the union hasn't gone to arbitration for over a year and a half.

"That's a culture change," she said. "We resolved all the issues so that all parties were happy."

[Grant ID: 56365](#)

NURSES REPORT MIXED RESULTS OF HOSPITAL TRANSFORMATION

Humility of Mary Health Partners, Youngstown, Ohio

In 1998, Humility of Mary Health Partners, a two-hospital Catholic health system in Ohio, undertook a process of cultural transformation to address growing dissatisfaction among nurses. Several years later, nurses indicated that some aspects of the culture had improved while others had not.

The Humility of Mary Health Partners was one of 10 hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

Unhappiness Among Nurses

In the late 1990s, nurses at Humility of Mary Health Partners felt they had little input into decision making and that the hospital leadership did not listen to them, according to Nancy Siefert, director of nursing and of the [Magnet](#) program at St. Elizabeth's Health Center (one of the two hospitals; the other is St. Joseph Health Center).

What's more, two votes to create a nurses union had failed narrowly, nurse vacancy and turnover rates were increasing and patient and employee satisfaction scores were decreasing.

Led by a new chief nursing officer, hospital system officials decided to become certified as a Magnet hospital. A Magnet hospital is one that has embarked on an extensive review and systematic evaluation of its nursing practice by the American Nurses Credentialing Center.

To achieve Magnet status, the health system instituted several changes in nursing practice and governance. For example, a task force of 68 nurses met with the senior vice president of nursing to collaborate on strategies to provide a forum for nurses to identify problems and suggest solutions.

Giving Nurses More Authority

According to the RWJF report on the process, the most effective organizational change was a shift to a model that allowed nursing staff to participate in and help solve problems that affected their work. A total of seven councils evolved, each of which represented an area that affects nursing (e.g., education, nursing research and patient care services).

The councils, which meet monthly for two to four hours, helped to:

- Create a monthly research-based journal club as well as an annual research symposium with a local university.
- Expand professional development options. The health system piloted a Nursing Leadership Academy with a local university and undertook training with the [Studer Group](#) to improve managers' skills. The Studer Group is a health care consulting firm devoted to teaching evidence-based tools and processes that organizations can immediately use to create excellence.
- Institute changes in nursing practice. Units began to use evidence-based clinical practice protocols and hold weekly interdisciplinary patient-centered meetings. Based on research studies, the units changed the way nurses on one shift report information about patients' status to the next shift. And they began using massage as a treatment for new mothers.

In 2006, with the RWJF *Transforming Hospital Culture* grant, nursing staff surveyed and conducted focus groups of nurses who had been with the hospital before it achieved Magnet recognition. The researchers wanted to learn more about these nurses' perceptions of any changes to the culture as a result of Magnet status.

Positive and Negative Findings

The survey and focus groups found mixed results.

Some of the positive survey findings related to quality improvement:

- Some 63.7 percent of survey respondents agreed that patient care is based on the latest evidence.
- Some 55.1 percent would recommend the hospital to others.
- Some 53.2 percent agreed that there was more support for nursing research.

Some of the negative survey findings related to the changes respondents noted after the culture transformation process in professional relationships among nurses and their own professional development:

- Just 12.4 percent agreed that there was less bickering among nurses.
- Some 22.6 percent said that they were more involved in professional development.
- Some 26 percent said that they had more time to consult with an advanced practice nurse.

The focus groups mirrored the findings from the survey—some positive and some negative outcomes.

The report concluded that "it is a nonlinear, slow, difficult process to transform hospital culture."

Grant ID: 56367

PHYSICAL TRANSFORMATION SPURS A CULTURE CHANGE

Lakeland Community Hospital, Niles, Mich.

The need for a physical facelift prompted a much deeper change at Lakeland Community Hospital in Niles, Mich.

Built in 1945, Lakeland had drab beige walls, one large waiting room where patients jostled each other for seats, and no place for staff to go "off stage" to do their work. The hospital—one of three hospitals in the Lakeland Regional Health System—had outgrown itself and needed to be modernized. But it also needed something else.

In 1999, when Lakeland began a process of changing its organizational culture, the community perceived that Lakeland Community Hospital was not a friendly place to receive services. Hospital officials were unhappy with the feedback from patient satisfaction surveys over several years, and a rash of letters to the editor in the local newspaper had highlighted the hospital's service issues.

The hospital also was losing market share to other health care facilities, was financially strapped and close to shutting down.

Lakeland Community Hospital was one of 10 hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

Retreat Eases Staff Into Changes

To address the problems, hospital officials decided to focus on two goals:

- Become an affiliate of [Planetree](#), an organization that works to improve patient care through patient-oriented practices.
- Renovate the hospital through expanded use of technology, better services and new facilities.

As the hospital renovation got underway, the hospital developed several teams to oversee the cultural transformation of the hospital, each of which included nursing representatives.

"People thought this was going to be more work," said Debra L. Johnson, director of operations at Lakeland Regional Health System. "We did an all-day retreat and introduced staff to the Planetree philosophy to humanize and demystify the health care experience.

"We've historically pushed the families of patients out the door," she said. "We can't do that. We have to take advantage of the educational opportunities. The family is going to take care of the patients. We need to get people comfortable and prepared for when they go home."

The renovation, while disruptive, ultimately helped the hospital become a more welcoming place, according to Johnson. The hospital added family waiting areas with full kitchens, a health resources library, separate patient waiting rooms in various hospital departments, and space for staff to work outside of the public areas.

In addition to the physical changes, the hospital needed a psychological shift, Johnson said.

"The nurses had to stop thinking about patients as room numbers or as diagnoses or disease processes," she said. "At the retreat we asked everyone to write down one thing to commit to in order to make Planetree a reality.

"One example I give is the ever-beeping IV pump," she said. "You get so used to it. People pop in and focus on the pump and walk out. But there's a patient connected to the IV. Look at the patient and ask if everything is okay. A lot of people said that they hadn't thought about that before."

Cookies and Phone Calls

Among the changes the hospital made as part of the Planetree program were:

- Volunteers come in every day to bake cookies for patients and staff. "It's a form of connecting to not only patients but the families and staff," Johnson said. "The smell of home-baked cookies gives that home connection.... People are drawn to it."
- Patients can choose their meals from a restaurant-style menu and the times they want to eat them. Family members also can come in and cook meals for patients.
- Staff members call patients after their discharge to see how they are and send cards signed by the employees who took care of them.
- Patients getting knee or hip replacements come in prior to surgery with a family member or friend, who learns how to help care for the patient during the recovery period.

The report and Johnson cited the following results:

- Patient satisfaction scores have increased every year since the renovation.
- Since 2000, the hospital has been voted "The Best Healthcare Facility" each year in its local area, which includes South Bend, Ind. where its competitors are located. The award comes from a reader's survey by a local newspaper group, *Leader Publications*.
- Many of the hospital staff seem to make an extra effort to help patients, Johnson said.
- "There was a time when people wouldn't go out of their way to help [patients]," she said. "Now, people have gotten off their shifts and driven patients home who didn't have a ride. One patient said he liked to play guitar but didn't have one. Someone on staff went home, got a guitar he wasn't using and gave it to him."

Grant ID: 56368

SPECIAL UNITS GIVE NURSES AUTONOMY, HIGH EXPECTATIONS

Meridian Health, Neptune, N.J.

In 2000, Meridian Health system, located in Neptune, N.J., was struggling to integrate the merger of three hospitals. Its patient and employee satisfaction scores were low. The health system's finances were stagnant, and to add to its struggles, nursing vacancies had reached more than 14 percent.

Meridian Health was one of 10 hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

New Model of Nursing Care

As part of an overall push to transform the health system culture, Meridian's CEO asked nursing leadership to develop a model of nursing care to improve the practice environment for nurses and make sure that patients received quality care.

A separate grant from RWJF gave the hospital additional resources to work on this new model. In 2003, Meridian received one of nine grants through RWJF's *New Jersey Health Initiatives Workforce Agenda*, a program aimed at helping hospitals implement innovative practices in recruiting, training and retaining nurses.

At each of its three hospitals, Meridian established "models of care" units that served as testing grounds for a new model of nursing. The model centered primarily on giving

nurses more authority in how they ran their units and more support. The model also put in place new, tougher expectations for nurses.

Nursing units at each Meridian hospital applied for the opportunity to become a model of care unit. With the grant through the New Jersey Health Initiatives Workforce Agenda, Meridian created a staff position to move the process along and track outcomes.

High Expectations on Units

Model of care units differed from the traditional units in the following ways:

- Nurses said that they were short-staffed. Nurse leaders wanted to demonstrate to hospital executives that if they increased staffing they could increase the effectiveness of nurses.
- Meridian expected that all nurses on the model of care units would participate in a new career advancement track and acquire national certification in their area of nursing within two years. National certification indicates that a nurse has demonstrated expertise in a particular field, such as orthopedics or oncology. Nurses received time off and tutoring if necessary to pass the tests. They also received an increase in pay for passing a national certification exam.
- All nurses on the unit stayed on their assigned units, rather than "floating" from one unit to another. Many nurses dislike "floating" because it makes it difficult to feel a part of a particular unit.
- A clinical nurse educator helped nurses make decide how to run the unit, orient new nurses and assist nurses in acquiring advanced nursing certifications and positions.

"The educators turned out to be critical to the success of the program," said Teri Wurmser, PhD, RN, the project director. "A lot of hospitals have scaled down their nursing education departments. We think that is a big mistake. It makes all the difference in having the nurses accomplish their work."

- Each month, staff educators reviewed report cards on outcomes in the unit, such as why patient pain scores were poor. Wurmser described the meeting as similar to a study group in which colleagues helped each other find answers to problems.

Nurses Find Solutions

The project pointed to the following results in 2006:

- Nurses made changes in their units. For example, a team of nurses from an oncology unit noted a lack of consistency in admissions. Because of the need for beds, the hospital had formerly used a "first come, first served" process, which often meant oncology patients were admitted to other units where they did not receive the specialized care they needed.

The team developed a plan, which the administration approved, where oncology patients on other units were transferred to the oncology unit once a bed had opened. The plan also allowed nurses on other units to consult oncology nurses when they had an oncology patient.

- The nursing vacancy rates decreased from 14 percent in 2000 to 5.8 percent in 2006.
- More than half of the nurses on the model of care units earned national certification (51%) compared with 36.5 percent of nurses on the regular units and 12 percent of staff nurses nationally.
- Ninety percent of nurses participate in the clinical advancement program.

"We felt strongly that professionalism helps to retain nurses," Wurmser said. "If nurses own their own practice and feel they are making a difference, they will stay."

No Quick Fixes

Among the challenges, Wurmser noted, was that it took about three years for nurses on the model of care units to feel a sense of autonomy and control over running their unit.

"It takes time for nurses to understand that they have control over their practice," Wurmser said. "You can't expect to have that after one year."

Based on the outcomes of the three model of care nursing units, the health system adopted the model throughout its system.

Grant ID: 56360

ETHICS AT CENTER OF CULTURAL CHANGE

Providence St. Vincent Hospital, Portland, Ore.

A Catholic hospital located in a state that became the center for a national debate on medical ethics needed to shore up its own approach to ethics.

In the 1990s, Oregon legislators discussed and ultimately passed physician-assisted suicide legislation. New technology allowed patients to live longer. Premature babies were being kept alive. There was little guidance about how to navigate the ethical issues that often arose.

In the midst of the turmoil was Providence St. Vincent Hospital, a Catholic hospital in Providence, Ore., that needed to expand its ability to help its nurses and others in dealing with difficult ethical issues they faced each day. While there was an ethicist on staff and an ethics committee, neither was providing the timely assistance that nurses and others required.

Providence St. Vincent Hospital was one of 10 hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

Revamping the Approach to Ethics

Led by a nurse executive, the hospital made a series of changes meant to provide every staff member with the tools and knowledge to make decisions or give advice on difficult ethical problems. The hospital:

- Established an ethics core curriculum. The curriculum's 24 hours of ethics education covers ethical principles and explores key topics often encountered in clinical practice. The purpose was to provide an educational background for and tools to help nurses to talk about ethical decisions. All managers and nurses took the curriculum.
- Set up an ethics consultation team, an interdisciplinary group of specially trained professionals (nurses, chaplains, care managers, physicians and ethicists) available to assist with clinical ethical dilemmas. The team replaced the one staff ethicist and brought a broader array of resources to the bedside to assist patients, families and caregivers.

"That was a key piece for making ethics accessible, with expertise for nurses available 24/7," said Susan Randles Moscato, EdD, RN, associate dean and professor at the University of Portland School of Nursing who co-authored the report about their culture change effort. "[Nurses] could do curbside consultations. They weren't waiting for someone to come out of an ivory tower and pontificate. They could come in and do a quick turnaround and do ethical decision making quickly."

- Established the Providence Center of Excellence for Health Care Ethics. The center provides the ethics core curriculum, ethics consultants, coordination of palliative care and other assistance with ethical issues. The center also helps hospital officials look at ethical issues involving administrative decisions such as how to deal with unions.

Nurses were given release time to take the ethics core curriculum and to participate in the ethics consultation teams.

The Problem With Being Nice

Among the challenges in the process:

- Sometimes physicians were unwilling to acknowledge the disconnect between what they were doing and what the patients and families really wanted. For example, a physician might ask family members to okay aggressive treatment for a dying relative, even though the patient or family had clearly said that was not what they preferred.

"In teaching hospitals, the emphasis is often on giving interns and residents learning opportunities and clinical experience," Moscato said. "Sometimes this is at the cost of family and patient preferences."

- At times, physicians saw ethics consultations as disciplinary actions—that is, as a means to question or override physician's practice decisions. Later, ethics consults became accepted as part of good practice.
- Staff members at Providence were so nice to one another that they did not challenge fellow employees on ethics decisions.

Still, Moscato found a change in how nurses approached difficult ethical situations.

"The nurses took more ownership," Moscato said. "They said how much the core curriculum gave them the vocabulary. They had a gut feeling that [some situations] weren't right. The [curriculum] allowed them to articulate their unease."

For example, nurses felt that physicians were inconsistent in the ways they handled pain management for patients. At the instigation of nurses, the hospital developed standing policies about pain management.

Grant ID: 56369

POOR RATINGS FROM COMMUNITY WAKE UP HOSPITAL

St. Alphonsus Regional Medical Center, Boise, Idaho

In 2003, St. Alphonsus Regional Medical Center in Boise, Idaho got a jolt when the marketing department conducted routine focus groups among community members.

"Through these focus groups, we heard from our community that, while if you were really sick you would go to St. Al's, the community wasn't sure if we cared about patients as much as about ourselves," said Pamela Thomas, former director of culture development at St. Alphonsus. "That was a big wake up call for the board and senior leadership."

St. Alphonsus, a Catholic hospital in Boise, Idaho, was one of ten hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

Patients Unhappy With Hospital

The hospital had also stagnated in its patient satisfaction scores. While the scores were mostly satisfactory, the hospital had not been able to improve them.

Among the chief complaints, patients said that they often had to give the same information as they transferred from one unit to another, because the staff members from different units were not talking to each other. Patients also said they received inconsistent treatment from one unit to another.

"Patients would say, 'I have a good experience in the ER and then I'm transferred to a floor and they're not nice or attentive,'" Thomas said.

In addition, the hospital needed to be remodeled and hospital leadership had announced a plan to build a new patient tower. This plan caused some confusion and consternation among staff who wondered why resources were being put into a new building when they were struggling to find the resources they needed to do their jobs.

Hospital staff relied on the tactics of the [Studer Group](#), a consulting firm devoted to teaching evidence-based tools and processes that health care organizations can immediately use to create excellence. They also gleaned insights from the book, [Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care](#) (available for purchase), to begin a process to put patients back at the center of all their work.

As part of its work to transform the culture, the hospital made a visual representation of the Studer Group's [five pillars of operational performance](#)—Service, Quality, People, Finance and Growth. The visual helped staff "connect the dots" of what the hospital was working to achieve, Thomas said.

Nurses Get Support

Nursing played a key role in the cultural transformation. According to their report to RWJF about the change effort, among the issues that the hospital addressed were:

- Nurses were overwhelmed and needed support to effectively deal with patient concerns. The hospital hired a patient relations coordinator to support patients and nursing staff in difficult situations. Nurses reported that they were better able to respond to patients' concerns knowing that they had support if things went awry.

For example, there was a patient who was disappointed with his care and the nurses on the floor were having difficulty with him. He was calling legislators, the governor, the local newspaper, his family and others to get his concerns addressed. The nurses called the patient relations coordinator to speak with him.

The coordinator learned that the patient liked to be on a schedule. Even though he was not at home, he wanted his morning medications at the same time that he always took them—7 a.m. The coordinator worked with the nurses to devise a plan so that the patient was the first patient to receive his medications after the nursing shift changed at 7 a.m.

As the coordinator got to know the patient better, she realized that he had deeper concerns. He was worried that his hospital bill would drain the money that he hoped to leave his daughter. The coordinator set him up with financial advocates at the hospital who helped him make a plan.

The following day, the nursing staff thanked the coordinator for her help, telling her that the patient had been in a much better mood and was even joking with them.

- Relationships between nurses, among nursing units, with patients and across departments needed improvement. The hospital created a new nursing council to work toward this goal.

While the new group struggled with what seemed to be a "soft goal," they reported that their council and the other nursing councils in the hospital were instrumental in improving communication and morale in nursing. Nurses felt listened to and felt that the hospital acted quickly to address their concerns.

The council structure also allowed staff as well as hospital leadership to generate ideas, and to act on these new ideas.

In another morale boosting effort, a critical care nurse founded "Care on Call" to spread joy and fun among her colleagues. This nurse and others responded to stress in imaginative ways.

For example, if a unit struggled with too few staff, Care on Call members showed up with brownies and a special song. In the emergency department, nurses were so busy they couldn't get a break for even a glass of water. The Care on Call team came in to help by creating an honor system food closet filled with healthy snacks.

A Frontier Mentality

Among the challenges was getting everybody on board with the changes.

"We would start out trying to mirror the Studer Group model (a model with very structured accountability tools) and would meet resistance," the report stated. "There is something deep in our culture, and in some ways it mirrors the Idaho frontier culture of 'You can't make me.' We're good at setting targets and meeting them; we are not so good at doing so in a unified and consistent manner."

Still, the hospital can point to results from its work.

The hospital charts patient satisfaction scores in three categories: red (below the 50th percentile), yellow (50th to 74th percentile) and green (75th percentile or above). In the two and a half years of working to change its culture, patient satisfaction scores went from largely red to green, according to the report.

[Grant ID: 56363](#)

NURSES FIND THEIR IDENTITY

University of Texas MD Anderson Cancer Center, Houston, Texas

At MD Anderson Cancer Center in Houston nurses were overshadowed by the center's national reputation for cancer care and a complex organization that made it difficult for nurses to relate to their colleagues.

The cancer center has no medical students or residents, so nurses—usually nurse practitioners—perform the tasks that medical residents typically perform. These nurses report to physicians who head up the center's medical departments, rather than to a nurse manager.

"If you are reporting to physicians, they aren't the individuals who can set the tone for nursing practices or standards," said Beverly Nelson, PhD, RN, director of nursing programs for the University of Texas MD Anderson Cancer Center. "For some nurses, it gives them a sense of isolation. They don't have a firm anchor to the nursing identity."

MD Anderson was one of 10 hospitals that participated in an RWJF program called *Transforming Hospital Culture* in which hospitals documented their stories of improving their organizational culture, with the goal of helping other hospitals understand how to create and sustain culture change in their institutions.

An Unwieldy Structure

Barbara Summers became the cancer center's chief nursing officer in 2003 and began to assess the state of nursing at the center. She quickly learned that a structure designed to help nurses participate in decision-making was not working. Six different councils were meeting, but producing uneven results. Some members had trouble regularly attending monthly meetings and completing work between meetings.

In consultation with others at the hospital, Summers learned that the councils needed more participation from staff nurses, more support from managers (including giving participating nurses time off from work to attend meetings) and better communication between the council members and staff nurses.

Summers and others developed a new model called the Nursing Practice Congress, a group of about 25 nurses that reported to Summers. New Professional Action Coordinating Teams served as workgroups to address specific issues and report back to the Congress. The members of the groups addressed issues that nurses brought up, such as setting standards for managing pain or putting in place a policy for dealing with medications that inpatients bring from home.

The workgroups met only as long as it took to resolve the issue they were addressing—from a few meetings to several months.

Full-Time Staff Member Coordinates Work

Summers created a full-time staff position to coordinate the work of the Congress and workgroups and to communicate its work to all nurses at MD Anderson. Creating the position was vital, Nelson said.

Rather than expect staff nurses to perform the clerical and administrative duties of the Congress, a senior administrative assistant set up and coordinated meetings, kept and disseminated minutes and communications and managed and tracked the work of the Congress and workgroups.

In the first year of operation, more than 214 staff nurses participated in the workgroups to put in place projects to improve quality and work flow. Hospital officials collect data to monitor if and how the projects are implemented, Nelson said.

"We've seen a decreased variability around critical projects," she said. "We do things more consistently. One nurse said that whenever she called different units about how to handle a situation, she always got different answers, which concerned her. So she put together a workgroup to address it."

In 2004, MD Anderson became a pilot hospital involved in *Transforming Care at the Bedside*, an RWJF national program that works to improve care on medical/surgical units, and to improve staff satisfaction as well.

According to Nelson, the work of the Nursing Practice Congress helped promote the goals of the national program, one of which was to develop a workforce that was more involved in setting the direction and standards for nursing practice.

Evidence-Based Practice

Nurse leaders also developed an Evidence-Based Resource Unit Nurse program. The program trained two clinical nurses from each inpatient unit and clinic to educate staff on their units about what constitutes evidence-based practice and to provide leadership in creating evidence-based practice projects.

"You want to have evidence and the best and most current research on practice rather than 'it's always been done that way' or 'it's the MD Anderson way,'" Nelson said. "People have to look at things differently and question them. Are there alternatives that would be better for patients? We have to hardwire it into our culture."

In addition, a group of nurses developed a program to increase leadership capacity among nurses who were providing bedside care. Staff selected 30 clinical nurses for the first

group of "Rising Stars." The group completed assessments to identify areas they wanted to develop in their leadership ability and they participated in monthly learning sessions.

"The nursing congressional model is alive and well," Nelson said in 2008. "We have new evidence-based practice resource nurses. We haven't let anything drop."

[Grant ID 56366](#)

APPENDIX 1

Advisory Committee Members

David Oldfield

President

The Midway Center for Creative Imagination
Washington, D.C.

Beverly Johnson

President and Chief Executive Officer
Institute for Family-Centered Care
Bethesda, Md.

Cynda Rushton, PhD, RN

Associate Professor

Johns Hopkins University School of Nursing
Baltimore, Md.

Jill Fuller, PhD, RN

Vice-President of Patient Care Services
Chief Nursing Officer
Prairie Lakes Healthcare System
Watertown, S.D.

APPENDIX 2

Grantee Contact List for Transforming Hospital Culture

Note: In some cases, the name of the institution is different from the name of the hospital; sometimes a hospital system is headquartered in a different city or a foundation was the actual grant recipient. If the hospital in which the project took place, is different than the grantee institution name, the grantee name is in parentheses. The project directors listed are those interviewed for the sidebars.

Aurora Health Care (Milwaukee, Wis.)

Project Director: Mary E. Hagle, RN, PhD

Regional Manager

Center for Nursing Research and Practice

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Boone Hospital Center (CH Allied Services is the official name, doing business as Boone Hospital Center) (Columbia, Mo.)

Project Director: Laura G. Noren

Director

Patient Care Services

(573) 815-3532

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Children's Mercy Hospital (part of Children's Mercy Hospitals and Clinics) Kansas City, Mo.)

Project Director: Karen Cox, RN, PhD

Executive Vice-President

Co-Chief Operating Officer

(816) 234-3933

kcox@cmh.edu

Copley Hospital (grant made to [Copley Health Systems](#)) (Morrisville, Vt.)

Project Director: April Tuck

Director

Human Resources

(802) 888-8328

atuck@chsi.org

Humility of Mary Health Partners (Youngstown, Ohio)

Project Director: Nancy Siefert

Director of Nursing

(330) 480-3371

Nancy_siefert@hmis.org

Lakeland Community Hospital (grant made to Lakeland Regional Health System, see [Lakeland HealthCare](#)) (St. Joseph, Mich.)

Project Director: Debra L. Johnson, MPA

Director of Operations

(269) 687-1402

djohnson@lakelandregional.org

Meridian Health (grant made to [Jersey Shore University Medical Center Foundation](#)) (Neptune, N.J.)

Project Director: Teri A. Wurmser, RN, MPH, PhD

Director

Ann May Center for Nursing

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Providence St. Vincent Medical Center (grant made to Providence St. Vincent Medical Foundation) (Portland, Ore.)

Project Director: Susan Randles Moscato, EdD, RN
Associate Dean and Professor
University of Portland School of Nursing
(503) 943-7334
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Saint Alphonsus Regional Medical Center (Boise, Idaho)

Project Director: Susan Marshall
Director of Organizational Development
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University of Texas MD Anderson Cancer Center (Houston, Texas)

Project Directors: Beverly Nelson, PhD, RN
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Barbara L. Summers, PhD, RN
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