Creating and sustaining change in nursing care delivery

By giving nurses more control over their work environment and more opportunities for professional advancement, hospitals and health systems can reduce nurse turnover, lower costs, and improve patient care.

Health International is published by McKinsey's Healthcare Systems and Services Practice.

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Nursing is a crucial part of healthcare delivery worldwide. It is the largest healthcare occupation, accounting for about 40 percent of Australia's clinical workforce and more than 50 percent of the clinical workforce in both France and the United Kingdom.[1] As a result, nurses are a major expense for most health systems. The UK's National Health Service alone spends over £10 billion each year on its nursing staff.[2]

Yet most hospitals and health systems have long found it challenging to maintain a strong and stable nursing staff. Voluntary job turnover is much higher in nursing than in most other occupations, in part because job satisfaction is often low. Refilling vacant positions can be quite difficult—and expensive—because many countries have severe nursing shortages. Furthermore, the problems are likely to get worse in coming years. In many countries, a high percentage of nurses are over age 45 and plan on retiring in the not-distant future, and younger nurses tend to have even higher job turnover rates than their older colleagues do.

The reasons for nurses' low job satisfaction are many, and some of them, such as the physical demands of the job, are difficult to change. However, in our healthcare work around the world, we have identified a number of factors that impair nurses' job satisfaction but can be corrected through a focused program. Remedying these problems should be a priority for hospitals and health systems, because high nursing turnover rates strongly influence not only their financial performance but also the clinical outcomes they achieve. In most hospitals, nurses spend more time with patients than anyone else does, and thus they directly affect both the quality of care delivered and patient satisfaction with that care.

A nursing excellence program—a coordinated effort to improve the nurses' work environment and give them greater professional advancement opportunities—can achieve substantial results, as we will show. Creating sustainable change through a nursing excellence program is possible, however, only if the program aligns with the hospital or health system's nursing aspirations, targets the root causes of nurses' dissatisfaction and turnover (which can vary from facility to facility, and even from unit to unit), and includes multiple mechanisms for influencing staff members to change.

The case for change

The absence of a strong and stable nursing staff raises a hospital or health system's care delivery costs in a number of ways. High turnover rates translate to increased recruitment and training costs. In the United States, for example, hospitals must spend an average of about $50,000 to recruit and train each new nurse.[3] Salaries must often be raised to attract new nurses. High absenteeism rates force hospitals and health systems to rely on the use of overtime and/or agency nurses to fill staffing gaps. The likelihood of "nurse-sensitive" problems that can increase healthcare costs, such as medication errors, falls with harm, and pressure ulcers, increases significantly when nurses are tired, unfamiliar with the units they are working in, or just burned out. Productivity often also suffers when nurses' morale is low.

In our experience, a nursing excellence program can decrease voluntary turnover by up to 15 percent and lower absenteeism rates by up to 25 percent. In addition, it can markedly reduce the number of patient falls, medication errors, and pressure ulcers. The result, for a 200-bed hospital, can be annual savings in the range of $2 million to $4 million.

[1] NHS Information Centre; Australian Institute of Health and Welfare; National Institute of Statistics and Economic Studies (France); Directorate of Research, Studies, Evaluation, and Statistics (France).
[2] *NHS Staff Earnings Estimates*. Health and Social Care Information Centre. 2012.
[3] Sumner J, Cornett P. RN residency: Seeking a new paradigm. *Patient Safety Qual Healthcare*. March/April 2007.

The cost of implementing a nursing excellence program will vary, depending on an organization's size and starting point. Although many of the initiatives are relatively inexpensive to undertake, the program often requires significant initial investment to ensure that the nurses who are deeply involved in it are compensated for their time and can delegate some of their regular duties to other nurses.

However, a nurse excellence program usually produces cost savings fairly rapidly. As a result, the program can quickly become self-sustaining and produce a deeper level of nurse engagement and ongoing improvements in clinical quality.

Designing a nursing excellence program

Any hospital or health system that wants to undertake a nursing excellence program should begin by determining what it wants to accomplish: decreasing nursing turnover, becoming the healthcare employer of choice in its region, improving patient-centered or team-based care, increasing the nurses' skill levels, or a combination of these goals. The chosen aspiration(s) will help determine the elements that will be included in the program.

The next step is to determine the factors that have the strongest detrimental impact on nurses' job satisfaction, performance, or both. Studies from around the world have identified

Fast facts about nursing turnover[1]

Nursing employment is believed to be countercyclical, and many countries have recently experienced fewer problems related to nursing shortages (perhaps because of the current poor economy). Nevertheless, maintaining a strong and stable nursing staff remains a challenge in many parts of the world. The following statistics demonstrate just how universal high nursing turnover and severe nursing shortages are.

- In the United States, there are three million practicing nurses. However, the nurses' average age is 46.8 years, and up to half of the current workforce is expected to retire within the next 15 years. Voluntary nurse turnover is 14 percent annually. Estimates suggest that about 40 percent of new nurses plan to leave their job in less than three years.
- Japan has a nursing turnover rate of about 11 percent. However, the turnover rate is 13 percent among nurses in their job for less than three years.
- Germany expects to have a shortage of more than 120,000 nurses by 2020 and of almost 400,000 nurses by 2030.
- Italy already has a shortage of more than 23,000 nurses.
- Australia predicts a shortage of 80,000 to 150,000 nurses by 2025.
- About a decade ago, the United Kingdom undertook a campaign to alleviate a severe nursing shortage and now has about 370,000 qualified nurses. However, restrictions on international recruiting, workforce aging (36 percent of UK nurses are nearing retirement age), a reduction in training slots, and other factors have raised the possibility that the United Kingdom could once again have a severe nursing shortage.
- The biggest nursing shortage is in the developing world. India alone has a shortage of 2.4 million nurses, the World Health Organization reports. It has also been estimated that sub-Saharan Africa would need to nearly double its nursing workforce by 2030 to deal with the shortage there. Among the primary causes of the nursing shortage in the developing world are the migration of nurses to wealthier countries and an insufficient number of qualified nursing instructors.

[1] *American Journal of Nursing*; American Association of Colleges of Nursing; Bureau of Labor Statistics (United States); Health Workforce Australia; *Italia Oggi* (Italy); Japanese Nursing Association; Price Waterhouse Cooper; Royal College of Nursing; Sigma Theta Tau International Honor Society; World Health Organization.

common concerns. For example, nurses often blame their burnout on the demanding nature of the job: its long hours, physical requirements that continue to intensify (lifting patients, for example, has become more difficult as obesity levels rise), and the fact that today's inpatients are much more acutely ill than inpatients a few decades ago were and thus require more care and assistance (but over a shorter length of stay). Underpayment is another frequently mentioned concern, a problem that the world's ongoing recession has exacerbated. (For example, UK nurses who earn more than £21,000 per year have had a two-year pay freeze.[4]) These issues are very real but often not easily solvable, especially in today's economic environment.

In our work, however, we have identified a number of other factors that impair nurses' job satisfaction—and that are more feasible for a hospital or health system to correct. These factors include low rates of collaboration with physicians, minimal decision-making authority or control over working conditions, and an absence of training or advancement opportunities. At too many hospitals, for example, nurses are given only a brief initial orientation, little formal mentoring or ongoing educational opportunities (other than in-service programs), and no clear path for professional development.

Once the hospital or health system has determined which factors have the greatest detrimental impact on its nursing staff, it must identify potential solutions to those problems. The solutions must then be evaluated in terms of their cost, feasibility, likely impact, and alignment with the organization's nursing aspirations. As we demonstrate below, a range of initiatives can be considered.

In addition to the initiatives selected to address specific problems, the program should include components to ensure its sustainability. After all, any change program will fail unless all staff members understand why they are being asked to change, are given the training and supporting tools required to incorporate new procedures into their daily workflow, and see the new behaviors being role modeled throughout the organization. It is imperative that these elements be included in the program's design. If a nursing excellence program is to succeed, it is crucial that frontline nurses from throughout the organization, not just nursing managers, be involved in the effort to identify problems and select solutions. Close involvement in the program's design instills commitment among these nurses and encourages them to serve as role models. It also lends the program greater credibility because it reassures the frontline staff that their concerns have been recognized. However, the best results are achieved when non-nursing colleagues from other disciplines (physicians as well as clerical staff) also participate in the program's design. A program involving only the nursing staff will often have less organizational support than one seen as having both strong nursing leadership and interdisciplinary involvement.

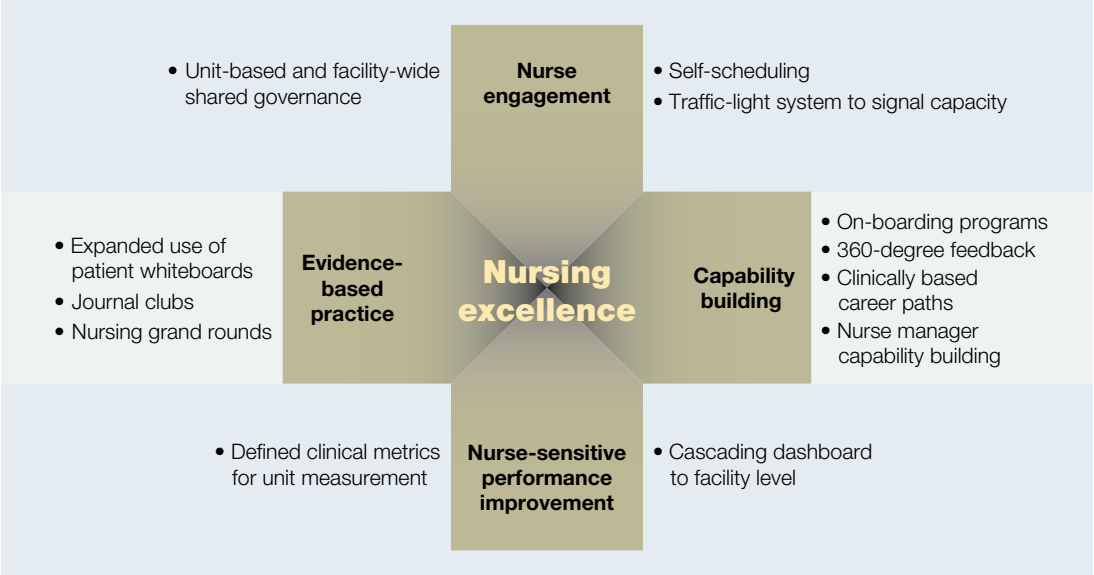
Identifying specific solutions

To identify potential solutions, the program design team can draw on the clinical literature as well as the experience of other healthcare organizations. A mix of initiatives should be selected so that the nursing excellence program can address several of the following areas simultaneously: nurse engagement, evidence-based practice, capability building, and nurse-sensitive metrics that can gauge performance improvement (Exhibit 1). Which of these areas are most important to address will, of course,

[4] Royal College of Nursing, 2011.

Exhibit 1

A nursing excellence program should include a mix of components



depend on the program's aspirations and the hospital's or health system's starting point.

The portfolio of initiatives should be fairly broad so that the program can be tailored as needed to different units; however, it should not be so large that it becomes impossible to implement. Several of the initiatives should directly address the nursing staff's top concerns; this will help drive support for the program. (For example, if one of the nurses' chief complaints is lack of control over work schedules, the program should include a way to let them select more of their shifts.) Support for the program can be further enhanced if the initiatives include a few "quick wins"—things that are easy to implement and produce rapid results.

A caveat: the evidence base to support changes in nursing practice that improve job satisfaction is sometimes thin. As a result, it is not always possible to define what a best practice is.

However, our experience has shown that the strategies outlined below are effective. Some of them have withstood the test of time, becoming accepted elements of established programs, such as the American Nurses Credentialing Center's Magnet Recognition Program (a US program that rewards healthcare organizations for quality patient care, nursing excellence, and innovations in professional nursing practice). Others are newer approaches that make the change program feel fresh and new—something for the nurses to be excited about.

Increasing nurse engagement

Nurses, like other professionals, are unlikely to be satisfied with their job if they do not feel engaged in it. Shared governance is one of the most powerful tools that can be used to increase nurses' engagement, because it gives them greater autonomy, a voice in their working conditions, and the opportunity to collaborate with others across a unit or area of the hospital.

In essence, shared governance enables the nursing staff to have a joint say in their work environment and strengthens their ability to improve patient care.

Shared governance can take many forms, but for nurses it typically involves unit-based councils. The nurses and other staff members on the councils are elected by their peers. The councils serve as the collective voice of the staff and give everyone the opportunity to raise issues and provide input on unit operations and other matters. The councils can also develop policies and working models for the units. In addition, the nursing members of the unit-based councils often represent their colleagues on larger, facility-level nursing governance bodies, which enables them to influence staffing policies, relevant product purchases (wound-care products, for example), patient safety initiatives and patient education programs, and other important issues.

Nurses' engagement can also be increased by giving them greater control over their working conditions. For example, self-scheduling can improve nurses' satisfaction and decrease absenteeism by providing them with a greater say in which shifts they have to work. Self-scheduling tools can be as simple as written sign-up sheets (distributed to the nurses on a rotating basis to ensure that everyone periodically gets their first choice), or as sophisticated as a Web-based program that nurses can access from home and that gives them relatively rapid confirmation of their schedule selections.

Another example of a way to give nurses greater control over their working conditions is to implement a traffic-light system on a unit whiteboard. The nurses are allowed to assess their own capacity to take on additional patients and then use green, yellow, or red stickers to communicate that capacity to others. The traffic light system enables them to have more control over their workloads and improves the facility's ability to know when to admit and transfer patients.

Encouraging evidence-based practice

Nurses, like all clinicians, should deliver evidence-based care, and tools introduced during a nursing excellence program can help them do so. Even something as simple as the enhanced use of the whiteboards in patient rooms can have dramatic impact. All too often, these boards remain unused. However, they can be easily altered so that there are specific spaces for the patient's plan of care, physician's notes, daily nursing goals (e.g., ambulation and spirometer use), care-team names, and patient and family questions. Listing this information on a whiteboard makes it easier for the nurses to deliver appropriate services and to collaborate with physicians and other members of the care team. It also increases their focus on patient-centered care. In addition, the information helps inform patients and their families about the treatments being given and engages them in the plan of care.

Journal clubs enable nurses to meet on a regular basis (e.g., monthly) to discuss changes in the evidence base and cutting-edge research relevant to the clinical care they deliver. The clubs allow nurses to learn about and share innovations, foster a nursing culture focused on evidence-based practices, and enable them to develop professionally.

In addition, hospital-wide "nursing grand rounds" can be held periodically to encourage the sharing of best practices. Similar to medical grand rounds, these sessions focus on specific

cases presented by the facility's nurses; the presentations are followed by group discussions about the care that has been given and how changes to care delivery might have improved the outcomes achieved.

Building capabilities

How new staff nurses are initially brought on board and trained can have a significant effect on patient care, nurses' satisfaction, and retention. All new hires should be given a thorough introduction to the unit they will be working in. Ideally, new graduates should also receive full-time orientation from experienced nurses (the length of which will depend on the unit) and/or take part in a one-year residency program; in addition, they should be given formal, ongoing mentoring from senior nurses during their first few years of practice. Once the initial "on-boarding" is complete, mentoring should continue on a more irregular basis, and all nurses should be offered educational programs periodically to ensure that they feel supported in their roles.

All nurses should also have the chance to participate in 360-degree feedback reviews so that they can provide anonymous input on the performance and behavior of their nursing colleagues (at all levels) in their unit. These reviews not only enable the nurses receiving feedback to understand their strengths and where they need to build their capabilities, but also give the staff nurses a greater voice in the unit's practices and environment. The areas the feedback focuses on should be decided by the unit and can include such factors as patient focus, work ethic, teamwork, and communication. By aggregating feedback about individual nurses across the unit, nurse managers can then identify common areas in need of improvement and design appropriate capability-building programs for the group.

Developing new career paths for nurses gives them motivation to enhance their capabilities and increases their engagement. In many hospitals and health systems, nurses can advance their careers only by moving into administrative roles; as a result, many of the most skilled nurses are lost to direct patient care. Some hospitals have improved nurse retention by developing clinical ladders, programs that recognize nurses for their expertise in delivering clinical care. These programs encourage bedside nurses to get deeper clinical training and then reward them (through pay increases) for doing so without requiring them to change roles. Other nonadministrative career paths for nurses can focus on patient education or clinical specialization; again, the goal is to allow nurses to advance while still involved in clinical care.

Finally, many staff nurses cite their direct superior as one of the top drivers of their overall job satisfaction. Thus, it is crucial that nurse managers receive regular training to ensure they have the appropriate skills. Capability-building programs targeting this group of nurses should cover topics such as operations, conflict resolution, and feedback delivery. The inclusion of this type of training in a nursing excellence program can have a large impact not only on managers, but also on overall nursing satisfaction and retention.

Improving nurse-sensitive metrics

Defining and regularly monitoring a set of nurse-sensitive clinical metrics for each unit puts a spotlight on quality of care, encourages a culture of continuous performance improvement, and enables the hospital or health system to gauge the impact of its nursing excellence program. Some of the metrics can focus on process issues, such as labor and delivery triage turnaround time. However, most of them should assess how the nurses' efforts affect

patient outcomes; these metrics include the number of pressure ulcers, falls with harm, and medication-administration errors. A few metrics should be prioritized to ensure that the unit has a clear focus for its improvement efforts; the total set should not be so large that the nursing staff feels overwhelmed.

Once the metrics are selected, a clinical dashboard should then be developed to gauge the unit's performance, especially performance against the prioritized improvement targets. Some metrics (e.g., the rate of patient falls and the frequency of pain reassessments) should be delivered daily, if possible. However, weekly or monthly reporting may be more appropriate for aggregate measures, such as nursing hours per bed day. The dashboard should be readily accessible to the nursing staff, but results should also be disseminated on a regular basis (via e-mail or through discussions during shift changes) to all team members. As we discuss later, the information in the dashboards of all units should also be aggregated to enable hospital or health system leaders to assess clinical productivity, nursing performance, and patient outcomes at an organizational level.

Testing proof of concept and scaling up

Once a nursing excellence program has been designed, it must be tested carefully and, if necessary, refined before it is rolled out across a hospital or health system. The best results are often achieved when the program is piloted in at least one representative unit and an "outlier" unit (e.g., a medical-surgical floor and a specialty outpatient clinic); this approach ensures that both the individual initiatives and overall portfolio are effective in a range of settings.

Although the program should be kept relatively consistent throughout the organization, it is often necessary to tailor the mix of solutions slightly to accommodate differences among the units. (For example, a hospital that wants to implement a shared governance model will likely be able to create a full unit council for a women's health department with 20 nurses but may need to develop a shared council to cover outpatient clinics with 2 nurses each.) It is for this reason that the pilot should include different unit types.

To help with this tailoring, as well as the pilot and subsequent rollout, "nurse champions" should be selected from the staff in each unit. These nurses should be people who are viewed as leaders within the organization. They play an especially important role during the pilot—not only do they help determine which initiatives to focus on in individual units, but they can also provide valuable insights into how the initiatives should be implemented on the ground.

A sufficient number of nurse champions should be chosen to ensure that each one can focus on a few areas and no one feels overstretched across multiple initiatives. To make it as easy as possible for the chosen nurses to participate, meeting schedules should accommodate their work shifts and rotate among days, nights, and weekends. These nurses should also be given sufficient time and training to ensure that they can teach their colleagues and serve as effective role models.

It is crucial that the nurse champions include all levels of frontline nurses, including registered nurses, practical (enrolled) nurses, and nursing assistants. Without such broad participation, the program is unlikely to have strong credibility with staff members. However, the organization's nurse managers must also be actively involved in the pilot to demonstrate

their support for the program. In addition to role modeling desired behaviors, they should visit the pilot units regularly to get a first-hand understanding of what is required for implementation, as well as what is and is not working.

Before the pilot begins, all elements of the nursing excellence program should be carefully explained to the nurses and other staff members in the selected units. Ideally, the discussion should be led by the units' nurse champions, who can then demonstrate their commitment to the program. The discussion should carefully explain how the initiatives will improve the units' work environment and patient care delivery.

After the program is underway, feedback should be solicited regularly from the nurses, other staff members, and patients. Something as simple as a journal at the nurses' station gives everyone the chance to write down comments and describe what does and does not seem to be working. As a result, successes can be celebrated and problems corrected quickly. Once implemented, the shared governance model provides another way to get feedback on the program.

As the pilot is running, a set of nurse-sensitive performance metrics should be monitored to track the program's impact. The metrics, like the initiatives, may need to be tailored to each unit as necessary. (The rate of pressure ulcers, for example, is important for intensive care units but not for most outpatient clinics.) Furthermore, some of the targets may need to be changed over time as performance improves.

Throughout the pilot, everyone involved should be kept informed of the progress being made and necessary modifications. How rapidly results can be shared, however, will depend on the sophistication of the facility's reporting systems (an automated IT dashboard will be faster than manual tracking, for example). Once results are available, the performance improvements should also be communicated throughout the hospital or health system; this will help build support for the program as it is implemented in new units.

Once the pilot is complete and the program has been modified as necessary, the successful elements should be rolled out throughout the hospital or health system. This is usually best done in stages. One approach that can be used is to focus each stage on a different type of unit (medical-surgical units, then specialty units, and so on). Alternatively, the stages can include a mix of unit types, as in the pilot, but the numbers involved increase as the rollout progresses (stage 1 would include perhaps four new units, stage 2 would include eight units, and so on).

The steps required in each new unit are similar to those used during the pilot. Nurse champions help tailor and oversee implementation. Two-way communication with the staff remains crucial. Performance improvement must be monitored carefully. The key to long-term success, however, is to ensure that everyone comes to view nursing excellence not as a one-off effort but as a core part of care delivery.

Ensuring sustainability

If a nursing excellence program is to produce sustainable results, the hospital or health system must make sure that it has in place a set of critical components that together can institutionalize continuous improvement. In addition to the new clinical operations system that will result from the program itself, these components must include the appropriate management infrastructure and other elements

Exhibit 2

Key success factors for a nursing excellence program

Operating systems	1 **Set of clear, evidence-based standards for each initiative,** with room to tailor based on each unit's unique circumstances 2 **Nursing "change agents"** armed with the clinical evidence, tools, and resources needed to drive change at all levels of the organization
Management infrastructure	3 **Transparent and relevant clinical data/analyses** to inform all nurses and units of their performance relative to benchmarks/peers 4 **Robust central project management office** that can identify innovations and lessons from the field, develop tools and training programs, and enable units throughout the organization to collaborate
Mind-sets and behaviors	5 **Clear strategic focus and public support provided by hospital system leadership** to send a message to all team members, including physicians and administration, that the nursing transformation is a top leadership priority 6 **Training curriculum** tailored to the varied roles of the nursing staff, giving each staff member the tools to participate in and drive change

needed to support changes in the staff's mind-sets and behaviors (Exhibit 2).

Management infrastructure

The two managerial components most important for ensuring sustainability are a system to track and report performance and a central project management office to oversee the program's implementation.

As discussed, tracking nurse-sensitive performance metrics within the units enables the staff to gauge the progress they have made and to spot new problems as they develop. However, by aggregating the results achieved in individual units, a hospital or health system can gain deeper insight into its overall performance and put in place mechanisms to reinforce nursing excellence. The best results are usually achieved with a cascading scorecard, which reports results at the unit, department, facility, and health system level. This type of report enables leaders to compare performance across the organization. Regular reporting ensures that identified problems can be addressed swiftly and successes can be celebrated and rewarded with formal incentives. The incentives can be monetary (a bonus or gift card, for example) or nonmonetary (public recognition, promotions, days off, or preferred shifts); both approaches help support the change program.

Initially, the cascading scorecard may focus only on the areas of greatest concern to executives. However, once the hospital or health system has achieved sustained improvement on those metrics, it can add new ones to ensure that its most pressing needs are being addressed.

By setting up a robust, central project management office to support the nursing excellence program, the hospital or health system can maximize the chances of long-term success. A central team is crucial for ensuring that the innovations developed and lessons learned during the pilot are incorporated into the program before it is rolled out more broadly. In addition, a central team can develop supporting tools and training

Case study: Army Nurse Corps' Patient CaringTouch System[1]

In 2008, the Army Nurse Corps recognized that inconsistencies in how nursing care was being delivered in their military treatment facilities (MTFs) was driving dissatisfaction and high turnover among its staff.

After researching best practices and obtaining significant input from staff across the country, the Nurse Corps developed a new program called the Patient CaringTouch System (Exhibit 3). The program's goal was to simultaneously increase nurses' engagement in practice and improve nursing-sensitive patient outcomes. The program included a number of elements, as the exhibit below shows.

A fairly unique challenge the Army Nurse Corps faced was its employee blend—each of its units has a mix of civilian and Army nurses, registered and licensed practical nurses, and non-nursing personnel, all of whom worked hand in hand. Thus, the Corps had to ensure that all staff types were involved in the program's design and that the views of different groups were carefully balanced.

The Patient CaringTouch System was piloted first at one MTF. One of the facility's medical-surgical units served as the initial test location before the pilot was extended to the rest of that MTF's inpatient and outpatient units.

This approach enabled the Corps to develop a suitable portfolio of initiatives and then to test how to tailor those initiatives in different unit types.

After the Patient CaringTouch System was successfully implemented throughout the first hospital, it was rolled out to several other select MTFs in 2010. This phase enabled the Corps to test the program in facilities of different sizes and with various staff and patient populations, and to make small modifications as needed. The Corps then developed an Army-wide implementation plan that included strategic communications, training, and performance dashboards.

The program has now been rolled out in all of the Army's MTFs (over 40 facilities around the world) and is moving into sustainment mode, with system-wide infrastructure and performance-management systems. To date, the MTFs have seen patient falls decrease by up to 60 percent and medication-administration errors decline by up to 65 percent. In addition, nurse and staff engagement has increased at all levels, likely leading to lower absenteeism and voluntary turnover. In select MTFs that have been actively monitoring their performance on an ongoing basis, the improvements have been sustained above target for at least 12 months.

[1] Interview with Colonel Vinette Gordon, US Army Nurse Corps; Patient CaringTouch System, US Army Nurse Corps Web site (armynursecorps.amedd.army.mil).

Exhibit 3

Patient CaringTouch System[1]

[1] The Patient CaringTouch System is the US Army Nurse Corps' framework for nursing.

programs, as well as facilitate collaboration across the organization. Once the program is fully implemented, this team can either be disbanded or remain in place to provide a continuous source of innovation ideas.

Mind-sets and behaviors

To ensure that changes to the staff's mind-sets and behaviors become permanent, a holistic approach to training is required. During the nursing excellence program, training should be offered to both nurses and the non-nursing staff to make certain that everyone understands what changes are being made (and why those changes are necessary) and that the initiatives are being implemented appropriately. Training can also support the needed mind-set and behavior shifts by enabling the staff to strengthen its capabilities and by ensuring that, if modifications to the program are necessary, the changes are rolled out in a consistent manner. In all training courses, the need to adhere to evidence-based standards should be emphasized continually.

Refresher courses should then be given periodically. It is particularly important that the ongoing training be offered not just to the nurses who went through the program, but also to new nursing hires and other staff members involved with clinical operations. Whenever possible, the refresher courses should be offered as part of existing training programs to decrease the required time and cost.

If the mind-set and behavior changes—and the program's impact—are to be sustained, it is also imperative that the hospital or health system's leadership publicly demonstrate their strong support for the program and its goals. A number of mechanisms can be employed. At a minimum, the program and its importance should be discussed regularly in meetings at the unit, department, facility, and system level. In addition, all leaders should role model the desired behaviors.

Written communications—e-mails, newsletters, and printed visual cues (such as posters, banners, and name tags)—can be used to reinforce the program and leadership's support for it. Communications should be sent not only to the staff but to patients and their families as well, for two reasons: they increase the hospital's reputation for improving patient care, and they give the nursing staff an added impetus to continue implementing the changes.

However, communication about the program should be two-way. The nurses should engage frequently with leadership to ensure that their feedback, concerns, and new ideas are heard and addressed.

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Hospitals and health systems today must find ways to lower costs while improving care quality. By giving nurses training and advancement opportunities, greater decision-making authority, and more control over their working conditions, a nursing excellence program can help them accomplish both goals.

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