

\$450,000

to \$1.06 million annual budget

5 new board members

total funding 22 sources
700 to 5,000 email list

As an organization, we were successful in increasing our annual budget in 2011. We have also expanded from 14 funding sources to 22 funding sources. Our board has evolved with our organization. Beginning January 2012, we will have thirteen board members who contribute their time, talent and treasure to ensure the success of the organization.

FFNE has experienced significant capacity gains over the past several years. Our areas of focus have been in fundraising and communications, board expansion and strategic partnership development.

Measurable results include:

- Increased our mailing list from 700 names and emails to over 5,000
- Developed and implemented strategic communications and fundraising plan asking for support over 20,000 times to over 16,000 different stakeholders in one calendar year
- Increased annual budget from \$450,000 to \$1.06 million
- Added five new board members
- Increased new funding sources by eight



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Our Mission

To improve health outcomes for citizens of North Carolina through the support of leadership development, research and demonstration projects intended to enhance the practice of nursing.



Thank you

for helping to improve the **health** and **well-being** of North Carolina's citizens.

We can't do it without you!

ANNUAL REPORT 2010-2011

TRANSITION TO PRACTICE

Based on recommendations from the NC Institute of Medicine Nursing Workforce Report in 2004, FFNE began work in 2005 toward establishing a statewide, evidence-based transition to practice approach for newly licensed nurses. The goal of the project is to reduce errors committed by the newly licensed nurse, improve the safety of nursing practice for patients in NC and to retain nurses in the profession by strengthening the relationship between preceptor and the newly licensed nurse through preceptor development training.

PHASE 1 **Transition to Practice:** Findings from the 2007-08 **Phase I** of the study of new nurses and preceptors in 29 NC hospitals included significant correlation between self-reported competency ratings and the relationship between preceptors and new nurses across comparison groups at 2, 4 and 6 months. **Higher competency scores at 4 and 6 months correlated with fewer reported practice errors.** Note: Full report of study is available online at www.ffne.org/phase-one

PHASE 2 The 2009 **Phase II** of this study **developed preceptor development tools** based on evidence from Phase I and the **best practices across North Carolina and nationally.** Input from experts across NC and nationally helped frame the development and preferred mode of delivery of these tools.

PHASE 3 **Phase III** started in 2010 to evaluate preceptor development strategies which included online modules and simulated learning experiences in nine pilot sites across the state. The following areas were evaluated with the following results to date:*

Evaluation of learning tools: Overall, the preceptor evaluation of the modules showed tools to be good-to-excellent and relevant to their role as a preceptor.

Evaluation of the Preceptors: In general the results demonstrated the need to improve the preparation of preceptors to enhance the transition to **practice experience for newly licensed nurses.**

Assessment of nurse competence/confidence development: New nurses self-reported a significant progression over the first six months of employment in competence development in the areas of clinical reasoning & judgment, patient care delivery & management skills, and communication & interpersonal relationships but not in recognizing limits to and seeking help. Their preceptors also rated the new nurse's competence development as progressing significantly in these areas as well as in recognizing limits.

* A full report of findings from Phase III will be published on our website [www.ffne.org] once analysis is completed.

JUST CULTURE

Just Culture uses a framework designed to enhance patient safety by implementing a learning and quality improvement approach to reducing errors and potential for errors. Implementing such a framework requires changing from the old "blame and shame" culture of organizations to the more "**Just Culture**" of learning and quality improvement.

In 2010, The Foundation for Nursing Excellence, working in collaboration with Outcomes Engineering, Inc., the NC Department of Health and Human Services, The NC Healthcare Facilities Association, FutureCare of NC, Lutheran Services for the Aging, The Carolinas Center for Medical Excellence, the NC Center for Hospital Quality and Patient Safety, and other key stakeholders in North Carolina, initiated efforts to extend this learning and quality improvement framework into nursing home environments. Selected nursing homes received staff training in Fall 2010 with feedback being used to lay the groundwork for North Carolina becoming a pilot state for nursing home-focused Just Culture training. State surveyors as well as nursing home administrators and interns in training are also receiving education regarding Just Culture.