

HOSPITAL ADMINISTRATION PROJECT MANAGEMENT INTERNSHIP
CARITAS ONLINE ASSESSMENT TOOL

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A Capstone Project Submitted to the Faculty of
Utica College

November 2013

In Partial Fulfillment of the Requirements for the Degree
Master of Science in Health Care Administration

UMI Number: 1548756

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Abstract

The internship serves as a transition for the student between classroom learning and real-world experience. It is an integral part of the educational process and is designed to develop and prepare the graduate student in their chosen field of study. The internship provides the student with an opportunity to demonstrate and develop the skills acquired during their academic experience so they can be applied in their future place of employment. Maintaining the ideals and standards of the health care profession is the ultimate goal of the student, university and health care organization.

In the summer of 2010 a hospital located in the Northeast region (Hospital) selected Dr. Jean Watson as their Nursing Theorist. Dr. Jean Watson's "Human Caring Theory" contains three essential elements that include: 10 Caritas Processes, Transpersonal Caring Relationship, and A Caring Moment. The staff nurses at the Hospital selected Dr. Jean Watson because they felt her focus on Human Caring closely relates to the overarching Planetree Philosophy, Core Values and Quality Measures that the Hospital has embraced.

As the Hospital embarks on the journey toward Magnet Designation Status by the American Nursing Credentialing Center, they must demonstrate they are adhering to the principals of their Nursing Theorist, Dr. Jean Watson. In order to provide evidence to support the nurse's compliance the intern, with guidance and mentoring by her supervisor, designed and developed an online assessment tool, The Caritas Assessment Tool (COAT). The COAT requires nurses to document caring behaviors that were demonstrated during their routine care of the patient. The data gathered from the tool can then be used as measureable outcomes for the Magnet Designation process. Keywords: Health Care Administration, Dr. Dana Hart, caring science, nurse-patient relationship, nurse evaluation tool, hospital internship.

Table of Contents

Chapter 1 Introduction	1
Capstone Project Proposal.....	1
Purpose	1
Background.....	1
Method.....	2
Analysis	3
Feasibility	4
Summary.....	4
Introduction to Graduate Student	5
Chapter 2 Literature Review on Jean Watson’s Human Caring Theory	7
Introduction	7
Background on Dr. Jean Watson.....	8
The “Human Caring Theory”	9
10 Caritas Processes.	9
Transpersonal Caring Relationship	10
The Caring Moment.....	11
The Nursing Practice and “Human Caring Theory”	12
The Hospital and “Human Caring Theory”	13
Summary	14
Chapter 3 Description of Data and Method of Data Collection	16
Description of Data and Data Collection	16
Data Collection 1: Caritas Online Assessment Tool.....	17
Project Introduction	17
Project Documentation.	18
Project Presentation to Nursing Leadership Team	19
Data Collection 2: Internship	20
Description of Internship Daily Journal	20
Description of Evaluation by Supervisor, Nursing Educator	20
Data Analysis of the Caritas Online Assessment Tool	20
Data Analysis of the Internship.....	21

Summary	21
Chapter 4 Project Outcome and Internship Experience.....	22
Project Outcome	22
Project Documentation	23
Key Stakeholders.....	26
External Stakeholders	27
Internal Stakeholders	28
Project Presentation to Nursing Leadership Team	30
Project Next Steps	30
Daily Journal	31
Evaluation by Supervisor, Nursing Educator	36
Chapter 5 Discussion and Conclusion.....	40
Key Learnings of Caritas Online Assessment Tool	40
Key Learnings of the Internship.....	41
Objectives Not Accomplished.....	42
Conclusion.....	43
References.....	45
Appendices.....	47
Appendix A Project Charter/Project Plan	47
Appendix B Project Activities	50
Appendix C Caritas Information	53
Appendix D Caritas Online Assessment Tool	55
Appendix E Caritas Data Mapping	56
Appendix F Caritas Concept Map.....	58
Appendix G Audit/Education Plan.....	59
Appendix H Presentation to the Nursing Leadership Team.....	60

Chapter 1 Introduction

Capstone Project Proposal

Purpose. The purpose of the internship was to fulfill the requirements for the Utica College Health Care Administration Masters Degree program. The internship was an opportunity to practice the skills and knowledge learned from Utica College Master's program and apply it in a real-life hospital setting. The student learned about the complexity in managing a health care project and how to use project management best practices to ensure a successful project.

The internship included the planning, design, beta-development and proposal of an online tool to measure the nurses' adoption of Dr. Jean Watson's "Human Caring Theory" during patient care delivery. The results of implementing the tool will demonstrate the integration of Dr. Watson's "Human Caring Theory" into practice by providing measurable outcomes. The data gathered can be used as evidence in the Hospital's efforts to be certified with Magnet Designation Status by the American Nursing Credentialing Center. In addition, the tool will encourage and inspire nurses to renew their sense of purpose by reminding them about the importance of purposeful and exceptional caring. The nurses' acceptance and use of the tool will ideally lead to improved patient satisfaction, an increase in patient safety, and a higher level of quality care.

Background. The internship was completed at a Hospital located in the Northeast Region, west of Washington DC. It was founded on February 26, 1925 as a 20 bed hospital. It has grown over the years to 97 patient beds (11 of which are maternity), 33 private Emergency Department beds, approximately 164 physicians and 1,100 staff. Prior to Spring 2013 when the Hospital entered into a joint venture with a larger national organization, the Hospital was one of the last remaining community run hospitals in the state.

The internship was for a period of 16 weeks, 12 hours per week totaling approximately 200 hours. Over the course of the working period the student incorporated project management best practices in the management of the Caritas Online Assessment Tool (COAT) project. The intern was intricately involved in the requirements gathering, planning, design, beta-development and proposal phases of the project's life-cycle. Supervised and guided by the Hospital's Nursing Educator, the internship offered the student invaluable learning and hands-on experience in managing a health care related project. In addition, the student received in-depth knowledge about Dr. Jean Watson and her "Human Caring Theory" and how it relates to patient care delivery.

The idea for the tool to measure the nurses' caring behaviors demonstrated during routine care of a patient began in 2011. The Hospital's Nursing Educator attended a Magnet Conference in Baltimore, MD. At this Conference the Nursing Educator listened to a lecture session led by a Critical Care/Telemetry Educator and Caritas Coach from a hospital on the West Coast. During the lecture session, the Hospital's Nursing Educator learned about a plan to implement an online tool to document the application of Dr. Watson's 10 Caritas Processes and the nurse's caring behavior interventions within a health system. Inspired by their success she initiated the process of implementing a similar tool at the Hospital.

The Hospital's need to implement an online assessment tool coincided with this student's application for a graduate level internship in Health Care Administration. The student's prior work in information technology and business administration created an excellent opportunity for a successful capstone internship experience.

Method. The following method was used by the graduate student to fulfill the requirements of the internship and to meet project deliverables:

1. The student had daily meetings with her internship supervisor, the Hospital's Nursing Educator, to review issues, action items and upcoming deliverables as they related to the project.
2. The student created a project plan and project charter; maintained a spreadsheet of project action items; created a final PowerPoint presentation that was given to the leadership team and created other project documentation that was necessary for the duration of the project.
3. The student attended meetings with key stakeholders of the project.
4. The student researched Dr. Jean Watson's "Human Caring Theory" as it related to the project.
5. The student maintained a daily journal.

Working approximately 200 hours over a 16 week period at the Hospital the intern was able to meet with her supervisor daily, develop project documentation, attend meetings and perform independent research on the nursing theorist, Dr. Watson. The method used for the duration of the internship enabled the student to remain engaged in the internship experience while implementing a successful health care project.

Analysis. The online tool project addressed the quality of emotional and spiritual care given to patients. The nurses are required to identify and document various behavior interventions to demonstrate their compliance to the "Human Caring Theory". The ultimate goal of the tool is to demonstrate an improvement in patient satisfaction, an increase in patient safety and an overall higher quality of care. A SWOT (Strength, Weaknesses, Opportunities and Threats) analysis for the tool to Measure Dr. Watson's "Human Caring Theory" was conducted

to give the project a full circle perspective on the potential impact and risks of the project (Figure 1).

Figure 1 SWOT Analysis on the Caritas Online Assessment Tool

Strengths	Weaknesses
<ul style="list-style-type: none"> • Measurable outcomes using the 10 Caritas Processes during patient care delivery • Graphical representation on the outcomes • Information Technology hardware/software already in place 	<ul style="list-style-type: none"> • Subjective assessment • Not taken seriously by the nurse
Opportunities	Threats
<ul style="list-style-type: none"> • Measureable outcome data satisfies a portion of Magnet Designation Status requirements • Visual reports on nursing care can be used as incentives for recognition and rewards • Increase nurse morale by reminding nurses about the definition of “caring” for a patient 	<ul style="list-style-type: none"> • Nurses resistance to entering the data due to lack of time or personal reasons • Inability of IT to generate interface within the existing Patient Charting IT System

Note: The information for the SWOT Analysis was gathered by the intern (Johnson, 2013)

The SWOT analysis was initially outlined in the Project Charter/Project Plan (Appendix A). By developing a SWOT analysis the intern did her due diligence in discovering the benefits of the project; possible weaknesses that may cause the project to be unsuccessful; opportunities to gain further benefits from the project; and threats that may cause the project to fail. The SWOT analysis was used to instill confidence in the project sponsor that all angles of the project were communicated before the project officially began.

Feasibility. The expectation is that the internship was completed without salary or other monetary compensation. In this regard it was minimal, if any, financial cost to the Hospital. However, the commitment of the Hospital’s staff time and effort to manage the internship resulted in an intangible cost to the company. Hospital staff assigned to provide training and supervise the work potentially lost time that might otherwise have been focused on other projects.

Summary. The tool ultimately provided the Hospital’s nursing department the ability to capture the caring behaviors demonstrated and self-reported by the nurse during patient care

delivery. The measurable outcomes documentation potentially satisfies a core component in their pursuit of Magnet Designation Status. The internship and subsequent project work was a welcome addition to the Hospital.

The internship, as a whole, was an excellent opportunity to apply newly acquired expertise learned throughout the graduate program at Utica College. The intern was able to practice health care administration tasks, hands-on, under the guidance and mentorship of like-minded experts. As such, an Internship is an important and integral part of the academic requirements for Utica College's Master of Science in Health Care Administration.

Introduction to Graduate Student

My name is Susan (Susie) Metzger Johnson. I was born in San Diego, California. At the age of two our family moved to Fairfax, Virginia where I grew up in a close family with two brothers and one sister. I earned a Bachelor of Business Administration degree, with a concentration in Information Technology, at the College of William and Mary in Williamsburg, Virginia. While studying there, I also fulfilled my athletic scholarship commitments as a standout player on the nationally ranked women's soccer team. The rigorous demands of a competitive Division I NCAA team, combined with the academic expectations of a top ranked university, required focus and determination. I relished these challenges during my college years.

My undergraduate college years were followed by a 10 year period during which I worked in the Information Technology (IT) industry. This experience was equally challenging and successful. During this period I was employed by three different companies, gaining valuable business experience in defense contracting and biotechnology. My most recent position was that of Project Manager for a biotechnology firm in their Information Technology Department. I gained experience in managing a global project's life-cycle from proposal to

implementation. This successful project involved multiple contractors and vendors working cohesively over 20 departments in 10 different countries.

In 2006, I stepped out of the corporate workplace. While my husband served in Afghanistan I took on the role of a full-time parent to my young daughter and infant son. While staying at home with my children my interest in personal health and fitness grew, and I took advantage of the opportunity to explore a potential career in the health care industry. I took six college health care classes in preparation to transition to work in a health care oriented environment.

I made the decision to pursue a master's degree in Health Care Administration because I believe the burgeoning health care industry creates an opportunity for me to reenter the professional workplace with an interesting and challenging job. New, expansive medical facilities are planned in my geographical area. My goal is to begin a new career working in a professional health care administrative job that is in close proximity to my home and community. I would like to work with other health care professionals in program development, policy implementation and support for the front line health care providers in my local community setting. I believe that I would bring energetic initiative to this new enterprise, as well as a strong sense of commitment to the development of professional relationships and collaborative teamwork. Utica College's Master of Science in Health Care Administration has provided me an excellent education and learning experience which will empower me to realize these professional and personal goals.

Chapter 2 Literature Review on Jean Watson's Human Caring Theory

Introduction

The Hospital chose Dr. Jean Watson as their Nursing Theorist in the summer of 2010. Dr. Watson's "Human Caring Theory" describes a specific caring approach to the practice of nursing. In the past three years, the Hospital has made several modifications in their nursing department practices that follow the basic principles of Dr. Watson's Theory. As the Hospital embarked on the goal of attaining Magnet Designation Status by the American Nursing Credentialing Center, the need to validate and document the impact of the Theory on the Hospital's nursing practices became paramount. A search for an appropriate and cost effective online tool to meet this need was initiated. The student intern and her supervisor, the Hospital's Nursing Educator, began The Caritas Online Assessment Tool (COAT) project. The COAT was designed and developed to measure, document and report on the nurse's caring behaviors demonstrated during patient care delivery. These subjective caring behaviors captured in the tool are derived directly from Dr. Watson's "Human Caring Theory".

The timing of the graduate level student's internship and the nursing department's need to develop a tool to authenticate and validate Dr. Watson's "Human Caring Theory" coincided perfectly. The intern's first task was to educate herself about Dr. Watson, her research and the tenets of the "Human Caring Theory." By researching Dr. Watson, "The Human Caring Theory", and 10 Caritas Processes the intern was able to apply this knowledge to the successful development of the Caritas Online Assessment Tool. The tool established a process that measures the impact of caring behaviors on the patient's well-being.

The purpose of this literature review is to gain a comprehensive understanding of how the Theory applies to the quality of nursing care and the overall health care system. It is divided into four sections. Section one details information about Dr. Watson's personal background,

educational achievements, publications, awards and recognitions. The second section explains in detail the essential elements of Dr. Watson’s “Human Caring Theory.” Following this overview of the Theory, the third section discusses the positive impact that the Theory has had on the practice of nursing world-wide. The final section of the Literature Review describes the Hospital’s implementation of several initiatives that align with Dr. Watson’s Theory.

The implementation of “Human Caring Theory” through use of the Caritas Online Assessment Tool demonstrates a strong commitment on the part of the Hospital to provide excellent nursing care to their patients.

Background on Dr. Jean Watson

Dr. Jean Watson, PhD, RN, FAAN, HNC is a world renowned professor, scholar, author and clinical nurse (Watson, 2013). She began her nursing career at Colorado University in 1973 and retired last year as a Distinguished Professor at the University of Colorado Denver College of Nursing and Anschutz Medical Center.

During her professional career Dr. Watson earned her undergraduate and graduate degrees in nursing and psychiatric-mental health nursing and holds her PhD in educational psychology and counseling (Watson, 2013). She is also the proud recipient of ten honorary degrees including seven international doctorates. Dr. Watson is the founder of the original Center for Human Caring in Colorado and is a Fellow of the American Academy of Nursing. She also founded and directed the non-profit foundation, Watson Caring Science Institute. In addition, Dr. Watson received the highest recognition honor bestowed by the American Academy of Nursing, “Living Legend”.

Dr. Watson has spent her lifetime researching, teaching and promoting the art and science of caring. She had already published books and essays on caring when she stated that she did not

fully comprehend the emotional importance of caring until she experienced her own personal tragedy – losing an eye in an accident and the untimely death of her husband (Watson, 2013). Dr. Watson has authored or co-authored over 18 books that include international research on caring, the philosophy of caring and the science of caring. Finding the perfect balance between spiritual and emotional healing and the use of treatment and medications to cure chronic and acute diseases has been the guiding force of Dr. Watson’s life work.

The “Human Caring Theory”

Dr. Watson’s “Human Caring Theory” is a philosophical look at the art and science of caring in the nursing profession. Her foundation builds on the ideals exemplified by Florence Nightingale and the deep professional roots of nursing (Cara, 2003). Dr. Watson’s theory explores the relationship both between the nurse and the patient and nurse and her own sense of self. She aims to find the perfect balance between the practice of “caring” for a patient by providing compassion to ease patients’ and families’ suffering and healing with dignity, and the practice of “curing” a patient by promoting medications, surgery and other invasive procedures. Dr. Watson states that “science is finding increasingly strong links between the quality of caring and the effectiveness of medical treatment” (p. 346).

Between 1975 and 1979 Dr. Watson continued her work on the “Human Caring Theory” at the University of Colorado (Watson, 2013). Over the years her theory has evolved to include three essential elements: Ten Caritas Processes, Transpersonal Relationship and the Caring Moment.

10 Caritas Processes. The 10 Caritas Processes are subjective processes that focus on the human connection between the nurse and his/her patient.

1. Respectful: Embrace altruistic values and practice loving kindness with self and others.
2. Instill Trust: Instill faith and hope and honor others.
3. Responsive: Be sensitive to self and others by nurturing individual beliefs, personal growth and practices.
4. Helpful: Develop helping-trusting caring relationships.
5. Spiritual Growth: Promote and accept positive and negative feelings; authentically listen to another's story.
6. Problem Solving: Use creative scientific problem-solving methods for caring decision-making.
7. Education: Share teaching and learning that addresses the individual needs, readiness, and learning styles.
8. Environment: Create healing environment for the physical and spiritual self which respects human dignity.
9. Basic Needs: Assist with basic physical, emotional, and spiritual human needs.
10. Hopeful: Open to mystery and allow miracles to happen.

The 10 Caritas Processes are the basis of the Caritas Online Assessment Tool. By aligning the nursing practice to the caritas processes the nurse can realize a more spiritual and holistic relationship to the patient. This human-to-human connection between the patient and nurse leads to a higher level of care both physically and spiritually.

Transpersonal Caring Relationship. Dr. Watson states, "Transpersonal Caring seeks to connect with and embrace the spirit or soul of the other through the processes of caring and healing. It involves being in an authentic relationship, in a specific moment" (Watson, 2013,

p.6). The term “Transpersonal” means extending beyond oneself (Cara, 2003). This allows the nurse to reach deep into the connections between the spirit and soul, establishing a pure bond to her environment and herself. The Transpersonal Caring of the nurse focuses on the caring rather than the disease, illness or pathology. The goal of a transpersonal caring relationship corresponds to “protecting, enhancing and preserving the person’s dignity, humanity, wholeness and inner harmony” (Cara, 2003, p. 53).

The Caring Moment. The Caring Moment or Caring Occasion is the focal point in space and time when the “nurse and another person come together in such a way that an occasion for human caring is created” (Cara, 2003, p. 53). A nurse is not only aware of the person she is caring for but is conscious of her own need to feel a sense of being cared for. Both individuals’ needs are met and a “caring moment” has occurred.

Dr. Watson’s theory considers both the cared-for and caregiver, which allows the nurse to practice the art of caring as well as expand her own authentic self (Cara, 2003). Practicing the caring values in daily nursing interactions helps the nurse appreciate the difference between a gratifying profession and “just a job”. “The Caritas Processes bring about a sense of caring and love, a type of universal and infinite love that becomes the philosophy and ethic of caring science” (DiNapoli, Nelson, Turkel, & Watson, 2010, p. 17). The “Human Caring Theory” has been incorporated into nursing education programs throughout the world. It is also widely practiced in clinical settings and used as a model for research and analysis. Many health care facilities use the foundational values of the “Human Caring Theory” to guide nurses in providing authentic and exceptional care for their patients (Watson, 2009).

The Nursing Practice and “Human Caring Theory”

Incorporating Dr. Watson’s “Human Caring Theory” into a hospital setting is beneficial to both the patient and the nurse. If a nurse is asked why he/she chose the profession, the most typical answer is, “because I want to help other people.” Because of this truth, “In 1995, the American Nurses Association expanded the definition of nursing to include the provision of a caring relationship, placing a greater emphasis on the importance of caring theory within the profession of nursing” (Denise Nagle Bailey, 2009, p. 16). Nurses naturally have a wide view of caring – one that expands beyond the conventional mindsets of illness, pathology and disease that are associated with hospital stays. Modern nursing is now a blend of traditional and new values and ethics. The nurse who is educated about caring relationships becomes literate in the philosophical art of caring (Watson, 2009). She/he becomes more capable of having caring, loving, kind and meaningful personal connections with the patient, thus balancing the sterile, depersonalized, void of human-to-human caring relationship that might otherwise exist. “Caring science promotes an interpersonal relationship based on respect, mutual learning, and giving and taking” (Dianne, L. Noel, 2010, p. 17).

Due to business challenges and financial constraints placed on health care systems, many patients are experiencing a non-caring trend in health care today (Watson, 2009). Health care systems are realizing that change from within is needed to improve both patients’ and staffs’ outlook on patient care. “Dr. Watson’s Theory of Human Caring is one prominent theoretical, ethical, and philosophical framework in which nurses and administrators are engaged to inspire and transform nursing and health care” (Watson, 2009, p. 469), and as such, it is an authentic, evidence based model for improving professional nursing practice. Using this Theory as a guide, health care providers can enhance the entire culture of hospital nursing. This culture change has

the potential to reignite the human spirit and open the hearts of nurses. In an effort to improve their professional nursing practice, the Hospital is among a large number of Health Care Systems that are implementing Dr. Watson's "Human Caring Theory."

The Hospital and "Human Caring Theory"

Triggered by the desire to achieve Magnet Designation Status by the American Nurses Credentialing Center, the Hospital identified the need for a theoretical framework to guide their nurses. Nursing administrators chose Dr. Watson's "Human Caring Theory" to help transform their practice to meet the Magnet Designation Status requirements and to achieve higher levels of excellence in their nursing practice. The Hospital nursing department staff was encouraged by the fact that, in other facilities, the "Human Caring Theory" was found to be "responsible for improved and cost-effective patient care, enhanced communication and educations, elevated professionalism, and the advancement of nursing research within the health care organization" (Dyess, Boykin, & Rigg, 2010, p. 498).

The Hospital put into practice several new and specific recommendations that are aligned with Dr. Watson's "Human Caring Theory". Staff leaders incorporated "Sacred Moments" before the start of each Nursing Rounding Meeting. A sacred moment is a short period of time when the nurses remains silent, close their eyes, take a cleansing breath and gain a sense of inner peace and connectivity. The Hospital has also dedicated a private Tranquility Room located within the hospital. The Tranquility Room is exclusively for the nurses who need to take their own moment to relax, reflect and refresh for any reason whatsoever. In the room there is a large comfortable chair, soft lighting and a warm blanket. This affords the nurse an opportunity to take some time for him or herself before returning to the clinical environment of the hospital. Finally, the Hospital displayed several posters and other reading material along the hallways

throughout the nursing department that reflect the tenets of the “Human Caring Theory.” These serve as reminders about the basic need for human caring and the caring role the nurse fills in his or her work with patients. Through putting into practice Sacred Moments, creating a Tranquility Room and displaying inspirational Posters, The Hospital demonstrates the values of the caring nurse and supports the holistic approach to patients with respect to mind, body and spirit.

Summary

Skillful and experienced nurses are expected to deliver safe and quality care. They follow specific policies, procedures, standards, and guidelines. They monitor complex equipment to guide their clinical decision making. The “Human Caring Theory” provides another dimension to the nurse’s professional practice - that of guiding and encouraging care that “embodies the body, mind and spirit, while focusing on both the one being cared for and the caregiver” (Noel, 2010). The Hospital’s decision to incorporate Dr. Watson’s “Human Caring Theory” reinforces the nurse’s basic psychological, cultural and spiritual nature by fostering the caring component of the nursing profession and the importance of the nurse-patient relationship.

The Hospital’s need to provide documented and measureable outcomes based on compliance with Dr. Watson’s “Human Caring Theory,” coupled with the desire to encourage and inspire nurses on the “art of caring” led to the development of the Caritas Online Assessment Tool (COAT). The COAT is designed to measure and document the nurse’s adoption of Dr. Watson’s 10 Caritas Processes during their routine care of the patient. The expected outcome is that these variables will be correlated directly with an improved level of patient satisfaction, increased patient safety and a higher overall quality of care. In the health care setting, reminding nurses of their philosophical roots in the vision of Florence Nightingale, that is, providing them

the support and tools to be empathetic and compassionate with their patients, will be every bit as important as the clinical side of their practice in providing excellent care.

Chapter 3 Description of Data and Method of Data Collection

Description of Data and Data Collection

During the course of the internship the graduate student gathered an abundance of data that was used for the Caritas Online Assessment Tool (COAT) project, as well as for the student's own personal growth and education. The intern conducted research on Dr. Jean Watson and her "Human Caring Theory" throughout the internship. Using Utica College's online library the intern was able to locate journal articles on Dr. Watson's theory and how it impacts and improves the nursing practice. The intern's supervisor, the Hospital's nursing educator, provided other reading materials such as books, pamphlets and magazine articles to supplement information gathered about "The Human Caring Theory." The intern applied the data gathered on Dr. Watson toward the design and development of the COAT project. The research was also used for the literature review chapter of this paper.

At the start of each day the intern met with her supervisor to discuss all aspects of the COAT project. As a result of these meetings, project key stakeholders were identified and subsequent meetings were scheduled. Information gathered during these meetings helped the student to understand multiple corporate relationships within the hospital community and the interconnection that exists between the key stakeholders and the COAT project. The intern applied data gathered from these meetings toward the design and development of the COAT project.

The intern compiled and analyzed all the gathered data. Documents, spreadsheets and PowerPoint presentations based on the notes taken during daily meetings with her supervisor, key stakeholders and independent research were produced. Microsoft Office products were used as the main software product to create all project documentation.

In addition to guidance by her supervisor, the intern used personal project management experience and expertise to deliver concise and comprehensive project documentation. The choice of documentation produced was based on the intern's previous work experience and an understanding of the scope, timeline and goals of the COAT project.

Upon the close of each working day the intern outlined daily activities in an online journal. The data in the journal included project related tasks, personal observations and overall reflections on the internship experience. The data accumulated throughout the internship provided the intern a valuable working experience in managing a health care project through the project's life-cycle phases: requirements gathering, design, development and proposal.

Data Collection 1: Caritas Online Assessment Tool

Project Introduction. The Caritas Online Assessment Tool (COAT) is a newly designed and developed evaluation tool located within The Hospital's existing Patient Charting System, MediTech. The Tool is currently located in the Test system awaiting approval from the nursing leadership team for implementation into the Live system. The COAT requires nurses to document their demonstration of various caring behaviors or "interventions" during patient care delivery. After the nurse completes her shift, during her normal routine end-of-shift documentation, she will open the COAT. (Appendix D) Here she will identify the behaviors she exhibited during her care of the patient. By placing a check mark in the box or boxes next to the corresponding caring behavior she will put into the patient's permanent record the caring intervention that was shown at some point during the nurse's care of the patient. There are one to four behaviors that are grouped together and located next to the associated Caritas Process as outlined in Dr. Watson's "Human Caring Theory". There are a total of 34 possible behaviors that

the nurse can choose from. Once the nurse completes the assessment, she will close the COAT and proceed with other required clinical documentation.

Project Documentation. The project documentation was completed by the intern with guidance and feedback from the nursing educator and key stakeholders. The intern used the scope, timeline and goals of the project to determine which documentation was necessary for a successful COAT project. In addition, understanding best practices in project management from previous work experience aided the student in the selection and production of the following documentation.

1. **Project Charter/Project Plan:** The project charter/plan is the official paper that documents what the project wants to achieve. The information included in the document is: Project Name, Project Purpose: Project Team, Project Champion, Project Stakeholders (internal/external), Project Executive Sponsor, Key Outcomes, Assessment of Condition, Project Goals and Milestones. The supervisor reviewed and provided comments on the content of the plan before final version was approved (Appendix A).
2. **Project Activities:** The Project Activities spreadsheet is an ongoing document that tracks daily progress of the project. The information included in the Project Activities spreadsheet includes: Category, Activity, Resource, Duration, Status, Due Date and Notes (Appendix B).
3. **Caritas Information:** The Caritas Information spreadsheet contains Dr. Watson's "Human Caring Theory's" 10 Caritas Processes, Behavior Intervention checkbox (simplified version of the Caritas Process), Intervention Summary (Behaviors

- identified that correspond to each Caritas Process), and Intervention Summary for MediTech (what is actually seen on the tool by the nurses) (Appendix C).
4. Caritas Online Assessment Tool: A visual representation of what the tool looks like in the Patient Charting System, MediTech. The content of the screenshots was provided by the student and developed by the Hospital's Information Technology Department (Appendix D).
 5. Caritas Data Mapping: The Caritas Mapping spreadsheet shows the relationship between Dr. Watson's 10 Caritas Processes, Patient Satisfaction Survey, Planetree Model (Patient-Centered care), MediTech, Quality Measures, Core Values, Nurses Performance Evaluation (per nurse per year), and Rounding Surveys (per patient - yes/no) (Appendix E).
 6. Caritas Concept Map: The Caritas Concept Map is a visual representation of Dr. Watson's 10 Caritas Processes and the Hospital's Core Values, Quality Measures and overarching Planetree Philosophy (Patient-centered care) (Appendix F).
 7. Audit/Education Plan: The Audit/Education Plan is a working draft to be used as a guideline after the implementation phase of the project (Appendix G).

Project Presentation to Nursing Leadership Team. At the conclusion of the internship the graduate student created a final Proposal Presentation designed for the nursing leadership team. The intern used project research, previous documentation and personal notes as a source of content for the presentation. With guidance by her supervisor the intern was able to create and deliver a professional-grade proposal presentation to present to a major decision-making group in the Hospital (Appendix H).

Data Collection 2: Internship

Description of Internship Daily Journal. The information in the journal is from the intern's perspective on important project related activities from the day. The journal was used on a daily basis to remember and reflect on what was said and done throughout the course of the internship.

Description of Evaluation by Supervisor, Nursing Educator. The intern developed an evaluation template to be completed by her supervisor, the Hospital's Nursing Educator, upon conclusion of the internship. The evaluation template was based on the intern's internet research, discussions with like-minded experts and input from her professor. It captures key process areas that are indicative of a quality health care professional. The areas of evaluation include: Communication, Team Work, Work Habits, Problem Solving, Initiative, Time Management, Professional Development and Personal Attributes. The supervisor had the option to provide any additional comments for each area. At the end of the evaluation template the supervisor was instructed to provide the intern's strengths, recommendations for improvement and her overall assessment of the intern as it related to the internship.

Data Analysis of the Caritas Online Assessment Tool

The Caritas Online Assessment Tool's data was kept by the intern in different documentation formats on her laptop. At the end of the day the intern would update each document as needed. As new revisions were made they were emailed to her supervisor for review and comment. The intern would then incorporate the supervisor's changes to the document. This was an ongoing process for the duration of the internship.

Data Analysis of the Internship

Over the course of the internship the intern captured data in a daily journal. At the end of day the intern wrote in the journal project specific activities, meetings with key stakeholders and other relevant activities that were performed by the intern.

Summary

The intern collected, analyzed and produced quality documentation throughout the course of the internship. Using independent research via Utica College's online library and guidance from her supervisor the intern was able to have a thorough understanding of Dr. Jean Watson's "Human Caring Theory" and its impact on the hospital system. The intern also received feedback from key stakeholders who are involved with the nursing department to expand her awareness of the connections between and within hospital departments. This knowledge coupled with previous project management experience enabled the intern to implement a successful health care project, The Caritas Online Assessment Tool, for the Hospital.

Throughout the internship the student journalized daily interactions with her supervisor and meetings with the Executive Leadership Team, Department Directors, Project Managers, and clinical staff. The information gathered from various individuals provided insight into the complexity and multifaceted operations of a hospital system. The intern gained a renewed appreciation for health care professionals who are intricately involved in managing small and large scale projects in a hospital setting.

Chapter 4 Project Outcome and Internship Experience

Project Outcome

At the conclusion of the 16 week internship at the Hospital, a Caritas Online Assessment Tool (COAT) was designed, developed and implemented in the Hospital's Electronic Patient Charting Testing System (MediTech) (Appendix D). The testing system is used by the Hospital for user testing, debugging and ease of revision prior to implementing in the Electronic Patient Charting Live System. The COAT is an assessment tool that enables the nursing staff to document their caring behaviors during patient care delivery. As a nurse uses the tool and enters data on which behaviors she exhibited during her care, she is reminded of the fundamental caring behaviors that are expected. These reminders will inspire and encourage nurses to provide an excellent level of care. By reinforcing this type of care, the Hospital will realize higher patient satisfaction and an increase in patient safety. Upon implementation (expected early in 2014) into the Electronic Patient Charting Live System, documentation from the COAT can be compiled, analyzed and used as quantitative evidence during the Magnet Designation Status process.

The intern gave a proposal presentation to the nursing leadership team introducing the Caritas Online Assessment Tool (COAT) project during the final week of the internship. Over the course of the next few months, the nursing leadership team will make the decision on whether or not to implement the tool on the Electronic Patient Charting Live System. Once approval has been given, the Education/Audit Plan will be further detailed into phases and timelines by assigned staff members. The nursing leadership team will need to allocate appropriate resources dedicated to the project to ensure a successful implementation to Electronic Patient Charting Live System. After the implementation phase of the project the Hospital will be able to build visual reports to assess the quality of care by the nursing staff,

compose measurable outcome documents to be used as sources of evidence of compliance to Dr. Watson's "Human Caring Theory" and analyze the correlation between the 10 Caritas Processes and patient satisfaction and patient safety. Finally, the Hospital will be able to validate the link between patient satisfaction, the Hospital's core values, the Hospital's quality measures and their overarching organizational wide Planetree Philosophy (patient-centered care).

The Caritas Online Assessment Tool (COAT) project was an overall success. Using Project Management best practices the project deliverables were met on time and within the scope of the internship. The timeframe for the internship allotted for the design, development, implementation and project proposal. Each phase of the project was completed effectively. The Hospital and student intern both benefited from the development of the COAT. The intern was able to learn about health care Project Management by working directly with a specific project. The intern was also introduced to other industry practices while bringing previous experience to the project. Ideally, the COAT will provide long term benefits to the Hospital, their nursing practice and their organization as a whole.

Project Documentation

Using the intern's previous work experience in understanding project management best practices and following a project's typical life-cycle, the intern created several documents for the project. The intern chose the documentation based on the project's timeline, scope and goals. After receiving feedback and guidance from her supervisor and key stakeholders the intern was able to produce quality documentation that ensured a successful COAT project.

1. Project Charter/Project Plan: The COAT Project was initiated using a project charter/project plan documenting what the project aimed to achieve. The document was completed before the project officially began and served as documentation that

- the project had been approved by the Hospital’s nursing department. The intern and supervisor worked closely together to finalize the content contained in the document. The document was the main reference for vital project information. The information included in the Project Charter/Project Plan is: Project Name, Project Purpose: Project Team, Project Champion, Project Stakeholders (internal/external), Project Executive Sponsor, Key Outcomes, Assessment of Condition, Project Goals and Milestones (Appendix A).
2. Project Activities: The Project Activities spreadsheet is an ongoing document that tracks daily progress of the project. The intern and supervisor used this at the beginning of each meeting to determine the status of the project by reviewing each task individually and adding new tasks as needed. During these meetings the supervisor and intern determined whether additional documents needed to be created; who were new key stakeholders; what were any new time constraints, risks and issues; how the project was evolving; whether new tasks were needed to complete the project; and discussion about how to ensure the success of the project. The information included in the Project Activities spreadsheet includes: Category, Activity, Resource, Duration, Status, Due Date and Notes (Appendix B).
 3. Caritas Information: The Caritas Information spreadsheet contains Dr. Watson’s “Human Caring Theory’s” 10 Caritas Processes. The spreadsheet was used as a reference for the design of the Caritas Online Assessment Tool. It went through several modifications under the guidance of the supervisor and key stakeholders within the Hospital. The content in the spreadsheet was used in the COAT located in

- the Patient Charting System, MediTech. The information on the spreadsheet includes (Appendix C):
- a. Dr. Watson's 10 Caritas Processes – The wording for each of the 10 Caritas Processes as outlined in her authored books.
 - b. Intervention Checkbox – A simplified version of the wording in each Caritas Process.
 - c. Intervention Summary - Behaviors identified via research that correspond to each of the 10 Caritas Processes.
 - d. Intervention Summary for MediTech – More simplified version of the Intervention Summary that made it feasible to put in the COAT. These are the behaviors the nurses will see when they use the COAT.
4. Caritas Online Assessment Tool: A visual representation of what the tool will look like in the Patient Charting System, MediTech, upon completion. The information from the Caritas Information Spreadsheet - Intervention Summary for MediTech - was used to populate the screen. This document was used as part of the proposal presentation to the Nursing Leadership Team to illustrate for them what the tool will ultimately look like after implementation. The intern worked with the Information Technology Department to communicate the design requirements prior to delivery (Appendix D).
5. Audit/Education Plan: The Audit/Education Plan is a working draft developed by the intern to be used as a guideline after the implementation phase of the project (Appendix G).

Key Stakeholders

Over the course of the internship key stakeholders were identified. These stakeholders focus on hospital-wide initiatives that are related to the COAT. The intern met with each key stakeholder to review the relationship between their department and the COAT. There were both internal and external individuals identified.

The goal of the meetings with the internal key stakeholders was to ensure that the initiatives were aligned with the overall organizational vision, mission and goals of the Hospital. As a result of the internal stakeholders' meetings the Caritas Data Mapping spreadsheet and Caritas Concept Map were developed.

1. Caritas Data Mapping: The Caritas Mapping spreadsheet shows the related behaviors between Dr. Watson's 10 Caritas Processes and other hospital initiatives sponsored by different departments. The information found in the spreadsheet was gathered over the course of the internship by meeting with key stakeholders in the Hospital. Each area represents a different Hospital-wide initiative. The goal was to compare behaviors captured in the COAT with data available in other systems. Accomplishing this goal will provide accuracy and validity of the COAT during the evaluation phase of the project. The Hospital initiatives that overlap with the COAT are the following: Patient Satisfaction Survey, Planetree Model, MediTech, Quality Measures, Core Values, Nurses Performance Evaluation (per nurse per year) and Rounding Surveys (per patient - yes/no) (Appendix E).
2. Caritas Concept Map: The Caritas Concept Map is a visual representation of the relationship between Dr. Watson's "Human Caring Theory" 10 Caritas Processes and the Hospital's Core Values, Quality Measures and overarching Planetree Philosophy.

The information in the Caritas Concept Map was used as an enhancement slide during the COAT's proposal to the nursing leadership team (Appendix F).

The goal of the meetings with the external key stakeholders was to gather information and communicate about the COAT project. Below is a list of the key stakeholders in the project:

External Stakeholders

- a. Critical Care/Telemetry Educator & Caritas Coach, St. Joseph Hospital, California: A hospital on the West Coast was found to have implemented a similar tool to assess Nurses' caring behaviors during patient care delivery. This key external stakeholder provided valuable information on the successes, failures and challenges in implementing their tool. It was discovered that the analysis completed at the beginning of the COAT project aligned with the strengths, weaknesses, opportunities and threats that the hospital in California encountered. The discussions with the hospital provided further validation of the intern's approach and management of the project.
- b. Research Advisor: The research advisor was contacted as a potential resource to mentor the intern and her supervisor in a larger research project that uses the newly developed COAT as an evaluation tool to measure caring behaviors and its effect and influence on patient satisfaction. It was discovered that the timeline and scope of the larger research project did not fit in the parameters of the internship. It is expected by the intern that communication about a future research project is still ongoing between the research advisor and the intern's supervisor.
- c. Dr. Jean Watson (PHD) – Nurse Theorist, “Human Caring Theory”: The esteemed author of the “Human Caring Theory” was identified as a key stakeholder because her

caring theory is the focal point of the COAT. The intern contacted Dr. Watson with the goal of presenting the tool to receive her blessing on the content and tool itself. Unfortunately, the intern was unable to arrange a presentation after the initial communication.

Internal Stakeholders

- a. Information Technology Developer for the Patient Charting System, MediTech: IT developed the tool in the Patient Charting Test System using design guidelines and content provided by the intern. IT created a visual representation or screen shot that the intern used in her presentation of the COAT project to the nursing leadership team (Appendix D). Upon approval from the nursing leadership team the IT department will implement the tool into the Patient Charting Live System.
- b. Information Technology Report Developer for the Patient Charting System, MediTech: The need to create reports after implementation was identified. Further detail on this requirement was not completed due to the internship completing before the COAT was put into the Patient Charting Live System. The intern recommends the Hospital allocate a dedicated resource for requirements gathering and design of reports.
- c. Strategic Specialist, Point of Contact for the “Patient Satisfaction Survey”: The key stakeholder who provided information on the Hospital’s Patient Satisfaction Survey. The intern was able to map portions of the 10 Caritas Processes to specific Patient Satisfaction Survey questions. The connection between the COAT and the survey served two purposes. The first validates the nurses’ accurate self-reporting of his/her caring behavior. If the nurse selects a caring behavior on the COAT and the behavior

is reflected positively in the corresponding survey question then we are confident that the nurse's self-report is an accurate portrayal of his/her actual behavior. The second purpose of the mapping between the COAT and patient satisfaction survey is to convince the nursing leadership the importance of implementing the COAT into the nursing department because of its interconnections with other hospital-wide initiatives.

- d. Professional Organizational Development, Point of Contact for the “Employee Engagement”: The key stakeholder who provided information about the employee engagement initiative. The intern used the knowledge acquired in the presentation to the nursing leadership team to get approval for implementation of the COAT.
- e. Clinical Educator: The key stakeholder who would be responsible for rollout of the Education Plan upon approval by the nursing leadership team. The intern met with the key stakeholder to provide information on the tasks, resources and expected timeline during this phase of the project.
- f. Process Improvement Director, Point of Contact for the “Quality Measures”: The key stakeholder who provided information about Quality Measures initiatives in the Hospital. The intern used this knowledge to create the concept map and to persuade the Nursing Leadership Team to approve implementation of the COAT.
- g. Point of Contact for the “Planetree Philosophy” initiative: The key stakeholder who provided information about the Planetree Philosophy initiative in the Hospital. The intern used the knowledge to create the concept map and to persuade the Nursing Leadership Team to approve implementation of the COAT.

Project Presentation to Nursing Leadership Team

At the conclusion of the internship the intern delivered a final proposal presentation designed for the nursing leadership team. The goal of the presentation was to introduce the COAT project to the Hospital's decision-making group. The presentation provided the following information: background on the Hospital's incentive and rationale for implementing an online caring assessment tool; the overall purpose and goals of the tool; the benefits the Hospital will realize upon implementation of the tool, and an outline of the next steps to ensure a successful implementation of the tool. At the conclusion of the presentation the nursing leadership team was prepared to make an informed decision based on the benefits, costs, resource availability, time constraints and predicted positive outcome (Appendix H).

Project Next Steps

The Hospital's nursing leadership team will determine whether or not they want to implement the COAT project based on the presentation given by the intern, timeline required and resources available. Upon approval, the Education/Audit plan will be used as a guideline for the implementation and evaluation phases of the project. Ideally, once the COAT is implemented the Hospital will dedicate additional resources to build visual reports to validate and authenticate the quality of care by the nursing staff; compose measurable outcomes documents to be used as evidence of compliance to Dr. Watson's "Human Caring Theory" and analyze the correlation between the 10 Caritas Processes and patient satisfaction and patient safety. Upon successful implementation, the Hospital will be able to see the COAT and its link between patient satisfaction, hospital's core values, the Hospital's quality measures and the overarching organizational wide Planetree Philosophy.

Daily Journal

The student intern maintained a daily journal that captured activities, observations and tasks throughout the duration of the internship. When the internship was completed, the student read through the journal and gained a renewed sense of appreciation for the commitment and dedication that was required to complete a successful hospital internship. For the purpose of the capstone project the journal was consolidated to reflect the highlights of the COAT project and internship experience (Table 1).

Table 1 Internship Daily Journal

January 15, 2013

Arrive at the hospital at 9am and reported directly to Tracy Turman, VP of Support Services, for orientation and initial job instructions. Received hospital badge and turned in required paperwork to begin the internship.

Shadowed Project Manager of Process Improvement to get her perspective on initiatives and challenges within her specific department of the hospital

January 16, 2013

Arrived at the hospital at 9am and continued to work with the Project Manager of Process Improvement for a more detailed and comprehensive session on improving and standardizing processes within the hospital. We reviewed issues on Patient Safety, Readmissions, Patient Satisfaction (HCAHPS) and Reimbursements.

January 23, 2013

Arrived at 9am and began the day shadowing the Director of Case Management. I gathered information on the initiatives and challenges for the Nursing Department – specifically as it relates to Case Management. We discussed the importance of Data, Standardization and establishing Efficient Processes.

We brainstormed ideas on how Case Management and Information Technology can help Case Managers be more effective and efficient in patient advocacy. By doing so I was able to understand the various Information Technology systems that the hospital uses.

I met with Home Health and the Assisted Living Director for a more in-depth understanding on the initiatives and challenges for the hospital.

January 29, 2013

I arrived 9am and reported to the Director of Case Management. I attended the daily case rounds that included Social Workers, Case Managers and Nurses who were involved with the care of the patient. I observed the discharge process and transitional care process (part of Obama Health Care Reform) from management's perspective. I learned about "Census", "Re-Routing" and balancing the in-flow and out-flow of patients – knowing the magic number of beds where

hospital capacity is neither full nor empty. I learned about the importance of quality of care, patient satisfaction and readmissions.

I learned about Medicare and Medicaid Rules from a Case Manager's perspective for a patient's hospital stay:

1. 3 day stay minimum rule for patients to qualify to go to Skilled Nursing Facility
2. "patient status" must be identified up front for hospital's to be reimbursed for expenses. This cannot be changed after discharge
3. Long term care coverage is not provided
4. If a patient stays longer than 60 days than the order has to be rewritten
5. 3, 12, 60 day rules – all apply (not sure what these are)

I learned about the hospitals relationship with external physicians from the Director of Hospital Physician Services.

January 30, 2013

Arrived at 9am and reported to my main supervisor Tracy Turman. I learned about "Value-based" purchasing. I also learned how reimbursements are tied to patient satisfaction, performance under core measures and the contraction of preventable hospital diseases (patient safety). We also discussed FHH's new Palliative Care Program initiative.

I was able to have a conversation with the hospital's CEO to get a thorough understanding of the background of the hospital and high-level initiatives and challenges of the hospital.

Initial meeting with the hospital's nursing educator on a Capstone Project

February 5, 2013

Arrived at 9am and reported to my supervisor for the duration of the internship, to discuss the details of my Capstone Project.

1. Project is called "Online Caritas Assessment Tool"
2. Integrate the tool into the existing Patient Charting System – MediTech
3. Monitor and track measures of caring as outlined by Jean Watson, Nurse Theorist, in the "Human Caring Theory"
4. Give nurses the ability to authenticate how they are taking care of patients
5. Ability to have measurable outcomes
6. Integrate Watson Theory into practice – evidence
7. Nurses can be held accountable in using the system

We discussed the advantage of incorporating my existing project management skills in the planning and proposal of the project to the Nursing Leadership Team.

We discussed the possible deliverables to include: project plan and project proposal presentation.

We discussed contacting Vivian Norman, a nurse at another hospital who has already implemented a similar tool, to find out limitations, barriers, successes, education and other lessons learned.

February 6, 2013

Arrived at 9am and met with my supervisor to discuss project's daily activities. I created a project charter and plan for the Online Caritas Assessment tool.

February 12, 2013

Arrived at 9am and met with my supervisor to discuss project's daily activities. My supervisor and I met with the Clinical Informatics group to pitch the Online Caritas Assessment Tool. Project work included researching Jean Watson's Human Caring Theory and outlining the attributes for the online tool. I created a Caritas Information spreadsheet that had the Caritas Process and corresponding Caritas Intervention Summary and Caritas Intervention Details. I met with the CNE to get an idea of the overall initiatives and challenges of the nursing department.

February 13, 2013

Arrived at 9am and met with my supervisor to discuss project's daily activities. We reviewed the spreadsheet I created the day before and made updates.

We associated the Caritas Process with Patient Survey questions (HCAPS)

Created a Caritas Project Activities Spreadsheet to monitor and track action items and deliverables for the project. I then sent it to my supervisor for her review. I started the creation of a Audit Plan for the project.

My supervisor and I met with the IT key stakeholders to discuss the project and its feasibility in the existing Patient Charting System (MediTech)

February 19, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Layout design of the online assessment tool for the MediTech
- b. Performed research on Jean Watson to get more information on her background, the nature of her Human Caring Theory and how it may help the hospital after implementation
- c. Met with a key stakeholder to discuss the relationship of the 10 Caritas Processes to the hospital's Patient Satisfaction Survey

February 20, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Updated the project activities spreadsheet

February 21, 2013

An extra day, worked for 2 hours on project activities. The project work included the following:

- a. Worked on project activities spreadsheet
- b. Worked on project milestones

February 26, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Met with the IT department on the feasibility of the online tool.
- b. Communicated with another health system who has implemented a similar tool to find out their successes, challenges and lessons learned.

March 5th, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Updated the project activities spreadsheet
- b. Reviewed the caritas descriptions and interventions
- c. Met with key stakeholders to discuss project
- d. Researched on other implementations on how organization's measured Jean Watson's theory.
- e. Created mapping between the online tool and patient satisfaction, planetree and nursing rounding surveys

March 12, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Update project activities spreadsheet
- b. Reviewed MediTech to see the correlation between it and the online assessment tool
- c. Reviewed magnet process to see where we could use the data captured from the tool to help the Magnet designation process
- d. Sent updated tool design layout the IT department
- e. Met with another hospital to discuss their implementation of a similar tool
- f. Began presentation of project to nursing leadership team

March 13, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Researched on Jean Watson and her Human Caring Theory
- b. Researched on what type of documentation that comes out of the tool can be used during the Magnet Designation process
- c. Developed a presentation draft of the project that will be given to the Nursing Leadership Team

March 19th, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Updated project activities spreadsheet
- b. Reviewed and revised project presentation
- c. Met with a key stakeholder to discuss the correlation between the 10 Caritas processes and the organization's quality measures

March 20, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Drafted introduction letter to Jean Watson to get her involvement in the project.
- b. Met with a key stakeholder to discuss the correlation between the 10 Caritas processes and the hospital's Planetree Philosophy

- c. Review and revised the Caritas Interventions and summary
- d. Created a Concept Map to show the relationship between the tool, planetree, quality measures and patient satisfaction

April 2, 2013

Arrived at 9am and met with to discuss the project's daily activities. The project work included the following:

- a. Updated the concept map by providing additional layout designs and color options
- b. Updated the project charter/plan
- c. Completed the letter to Jean Watson and sent off
- d. Met with the CNE and presented the project

April 3, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Reviewed caritas intervention descriptions and summary – had to reduce the wording to be compliant with MediTech

April 5, 2013

Project work was completed at home and included the following:

- a. Outlined Technical questions for meeting from a representative from Watson Science Caring Institute

April 9, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Met with Watson Science Caring Institute representative to discuss project
- b. Updated project activities spreadsheet

April 10, 2013

Arrived at 9am and shadowed the ER Physician to understand the daily operations of the ER department and how the nurses work with the Patient Charting System.

April 16, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Reviewed and revised the caritas activities
- b. Reviewed and revised the online tool's wording and sent new information to the IT department

April 17, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Finalized online tool design and sent to IT for implementation into the testing environment

- b. Developed Education and Audit plan for after implementation

April 23, 2013

Arrived at 9am and met with my supervisor to discuss the project's daily activities. The project work included the following:

- a. Finalized project presentation to nursing leadership team
- b. Discussed next steps for project
- c. Reviewed and finalized all documentation

April 24, 2013

Arrived at 9am and met with my supervisor to discuss the internship as a whole. Reviewed evaluation filled out by Supervisor. I wrote personalized "Thank you" to each person who contributed to the project and my learning experience at the hospital.

Note. Journal Entries are self-reported daily activities by the student intern (Johnson, 2013)

Evaluation by Supervisor, Nursing Educator

The evaluation template, developed by the intern, was given to the supervisor at the end of the internship. The supervisor completed the evaluation based on her assessment of the intern's knowledge and skills demonstrated throughout the internship. During the last few days of the internship the supervisor met with the intern to discuss each process area included in the evaluation. The intern received constructive feedback on her competency as a future health care professional. The intern is able to take feedback and apply it toward her goal to become an exceptional leader in a hospital setting (Figure 4.1).

The evaluation process is an integral part of the learning experience for the student. Students who are new to the industry or specific work environment can benefit from feedback from those who are experienced and educated in the health care field. Health care administrators can use an evaluation template to aid the student in furthering their knowledge and understanding of health care systems.

Figure 4.1
Evaluation of Healthcare Administration Intern



EVALUATION OF HEALTHCARE ADMINISTRATION INTERN

This form is to be completed, printed and signed by the on-site internship supervisor. Please give this form to the student/intern as it must be turned in with their final portfolio assignment. If you are concerned about the privacy of the form you may put it in a sealed envelope.

The supervisor is encouraged to attach a letter of reference concerning the intern's performance to provide additional information.

Name of the Intern: Susan Johnson
 Name of the Supervisor: Barbara G. Burgess MSN, RN
 This internship started on (date) 9/5/13 and was completed on (date) 4/23/13
 at (location) Fauquier Hospital

Please give a brief summary of the internship:

Planned / developed + delivered Caring Assessment Tool for implementation in Computer Charting - measuring nursing caring behaviors during patient care delivery.

Please rate using the following key:
 1=unsatisfactory; 2=needs improvement; 3=satisfactory; 4=above average; 5=outstanding

Communication: Effectively translates ideas, both verbally and in writing; practices attentive and active listening; speaks clearly and directly.

○ 5 ○ 4 ○ 3 ○ 2 ○ 1
 Comments: Capable of clear + direct communication to others + contributes valuable insight + direction at meetings.

Figure 4.2
Continuation of Evaluation of Healthcare Administration Intern



Team Work: Team player; works cooperatively with others in the department; applies teamwork skills to a variety of situations; builds consensus.

- 5 ○ 4 ○ 3 ○ 2 ○ 1

Comments: Encourages cooperative efforts among team members + demonstrated qualified skills + cooperation to other members of development team.

Work Habits: Manages times effectively; accepts responsibility; adapts to changing priorities.

- 5 ○ 4 ○ 3 ○ 2 ○ 1

Comments: Delivered phases of project on time

Problem Solving: Identifies challenges; develops creative solutions; develops practical solutions.

- 5 ○ 4 ○ 3 ○ 2 ○ 1

Comments: Was willing to look at new team perceptions throughout project

Initiative: Adapts to new situations; asks appropriate questions; works well independently.

- 5 ○ 4 ○ 3 ○ 2 ○ 1

Comments: _____

Figure 4.3
Completion of Evaluation of Healthcare Administration Intern



What recommendations would you suggest for the intern's improvement?

Continue to improve in Research Knowledge + skills.

What is your overall assessment of the intern?

Susie was an outstanding student she has been a pleasure to work with. Her standards of both personal + professional development are most admirable.

Additional comments:

Susie will be a great asset to any organization.

Supervisor Signature

[Handwritten Signature]

Date

5/1/2013

Note. Evaluation was completed by the intern's supervisor, Nursing Educator, upon the completion of the internship.

Chapter 5 Discussion and Conclusion

Key Learnings of Caritas Online Assessment Tool

The Caritas Online Assessment Tool (COAT) project completed at the Hospital was an invaluable and unparalleled learning experience. I applied project management best practices to successfully carry the COAT project from initiation, design and development to a final proposal delivered to the nursing leadership team. Over the course of the project management experience I gained a renewed sense of appreciation for the complexity and uniqueness of health care systems' project life-cycles. There were many key learning opportunities throughout the course of the internship that I hope to apply in my future places of employment.

The first key learning experience gained from managing the COAT was an introduction to government rules and regulations within the Health Care Industry. During meetings with key stakeholders and sessions with my supervisor I was introduced to HIPAA (Health Information Privacy) policies, hospital readmissions guidelines and hospital reimbursement rates. I became familiar with the many connections between patient safety and readmissions, patient satisfaction and reimbursement, and reimbursement and readmissions. These discoveries over the course of the internship provided insight into the design, development and implementation of the COAT.

Another key learning while managing the COAT was the constant and continuing influence of Medicare and Medicaid with respect to hospital finances. I was surprised to learn the influence these government programs have on the financial stability of the hospital. The hospital's reimbursement by Medicare and Medicaid are closely linked to patient satisfaction and patient safety. While these government programs do not directly affect the tool, I was able to foresee how the COAT can have a positive effect in improving patient satisfaction and patient safety and ultimately, the Hospital's financial "bottom-line".

The final key learning at the end of the internship was a thorough understanding of Dr. Jean Watson's "Human Caring Theory". I felt enlightened and encouraged by the Hospital's dedication to implement such a profound and evidence-based theory in their nursing practice. Dr. Watson's focus on establishing a human-to-human connection with loving and caring behaviors demonstrated by the nurse coincides perfectly with the reasons I chose to begin a career in the Health Care Industry.

Overall, the opportunity to manage a health care project in a hospital system is an experience I am honored to take with me as I pursue a career as a health care professional. Learning about hospital specific challenges, initiatives, issues and resolutions is information that can be applied in other management opportunities. I am grateful to my supervisor and the entire hospital staff who contributed their time and knowledge to assist me in experiencing a successful internship.

Key Learnings of the Internship

The internship was an opportunity to practice the theories and skills that were learned in the academic setting of Utica College's Master of Science in Health Care Administration. Once the process of researching, reviewing and selecting an internship was complete I was able take advantage of a challenging and rewarding experience in a real-world work environment. The internship provided me a glimpse into a future career in a new field.

The key learning of the internship has to do with being introduced to the overall daily operations in the hospital. I was able to meet with multiple hospital staff to receive a comprehensive understanding of the main functions of a large hospital. I met with or shadowed several individuals including those from the Executive Leadership team, Department Directors, Project Managers and clinical staff. Each individual with whom I had a conversation was open

and honest about the initiatives and challenges they face each day. I discovered that the hospital works much like all large organizations in any industry. They must focus on profitability and viability yet, unlike most industries, hospitals have a responsibility to the general population and community. The success of the hospital depends on strong leadership, effective management and loyal front line staff.

Overall, the internship was a successful experience and will be valued and treasured. I believe this experience will smooth the transition from an academic setting to the work environment. I am hopeful that the internship will increase my exposure to potential employment opportunities upon graduation. At the very least, it has provided real-life work experience to bolster my academic resume.

Objectives Not Accomplished

Although the COAT project was a success, from an internship point-of-view, there was a main objective not accomplished due to my time constraint at the hospital. As the internship progressed it became clear that my involvement with the COAT project would conclude before implementation of the tool into the Patient Charting Live System. As a result, there were additional tasks I was unable to complete. These include: educate the nursing leadership and management team on the tool, train the clinical nursing staff on the tool, and promote the tool throughout the nursing department. I adjusted the timeline of the project to coincide with the end of my internship where another Hospital resource would be able to complete the remaining phases of the project with limited transition problems. Ideally, this adjustment would ensure a continuation of the project to the education, implementation, evaluation and reporting phases of the project's life-cycle. I created documentation to assist a potential new resource in these final phases of the project. To my disappointment, I was unable to collect, analyze and report on data

that would have been gathered via the tool and used toward the Hospital's Magnet Designation Status journey. I am hopeful that the Hospital will allocate appropriate resources to continue the project to meet their organization-wide mission, vision and goals.

Conclusion

The project, Caritas Online Assessment Tool (COAT) gave the nursing department the ability to demonstrate caring behaviors during patient care delivery by the nursing staff. Using Dr. Watson's "Human Caring Theory" 10 Caritas Processes to inspire and encourage nurses to remember the basics and fundamentals of "caring" will result in the positive outcomes of improved patient satisfaction and increased patient safety. Correlating the 10 Caritas Processes with the Hospital's core values, quality measures and overarching Planetree philosophy reinforces the value and necessity of the COAT. As the Hospital continues on the journey toward the highly regarded Magnet Designation certification, the COAT will provide documentation reflecting Dr. Jean Watson's "Human Caring Theory," and this will put the hospital one step closer to this prestigious accreditation.

The Hospital internship was a perfect setting for the intern to learn from a successful health care system. The Hospital that provided the internship position gained as well, from the enthusiasm and energy of an individual with a passion to establish a new career in a new field. The internship was a "win-win" situation for both the intern and the Hospital. Staff members at the Hospital supervising and working with the intern had a unique opportunity to "try -on" a new employee and gain from a new and fresh perspective. The graduate student accumulated new and confidence-building skills while gaining a realistic perspective on the corporate health care world. In addition to the practical experience, the internship provided an opportunity to network with other individuals in the industry and to establish mentoring relationships with like-minded

experts. Building these personal relationships is a key determinate in job search and placement and will aid the student in securing a future position as a health care professional.

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Appendices

Appendix A Project Charter/Project Plan

Project Charter

Project Name: Caritas Online Assessment Tool

Project Purpose: The purpose of the project is to develop and implement an online tool within Meditech that allows nurses to demonstrate their adoption of the Caritas Processes during patient care delivery. The results of their assessment will demonstrate the integration of Jean Watson's "Human Caring Theory" into practice by providing measurable outcomes. The data gathered can be used as evidence in the Magnet Designation or Pathway to Excellence documentation.

Project Team:

- Susan Johnson – Graduate Student Intern
- Nursing Educator/Magnet Coordinator
- IT Developer

Project Champion:

- Nursing Educator/Magnet Coordinator

Key Stakeholders:

External Stakeholders

- Critical Care/Telemetry Educator & Caritas Coach, St. Joseph Hospital, California
- Research Advisor
- Jean Watson (PHD) – Nurse Theorist, "Human Caring Theory"

Internal Stakeholders

- Information Technology Developer for the Patient Charting System, MediTech
- Information Technology Report Developer for the Patient Charting System, MediTech
- Strategic Specialist, Point of Contact for the "Patient Satisfaction Survey"
- Professional Organizational Development, Point of Contact for the "Employee Engagement"
- Clinical Educator
- Process Improvement Director, Point of Contact for the "Quality Measures"
- Point of Contact for the "Planetree Philosophy" initiative

Executive Sponsor: CNE, VP Patient Care Services

Key Outcomes:

- Online data entry tool (one screen) that allows nurses to authenticate patient care delivery using various Caritas interventions.
- Measurable outcome reports (TBD)
- Nurse training and education on the Caritas processes and the online tool
- Validation of adaptation of "The Human Caring Theory" from Jean Watson

Assessment of Condition:

The project will address the quality of emotional and spiritual care given to patients. The nurses will be required to identify and document various behaviors to demonstrate their compliance. The reports will show an increase in patient satisfaction and provide evidence to support quality in patient care delivery.

Strengths

- Measurable outcomes on using the Caritas processes during patient care delivery.
- Graphical representation on the outcomes

Weaknesses

- Subjective assessment
- Not taken seriously by the nurse

Opportunities

- Measureable outcome data satisfies a portion of fulfilling Magnet Status Accreditation requirements
- Visual reports on nursing care can be used as incentives for recognition and rewards
- Increase nurse morale by reminding nurses the definition of “caring” for a patient

Threats

- Nurses resistance to entering the data due to lack of time or personal reasons
- Inability for IT to generate interface within MediTech
- Inability to pull data from MediTech to generate reports

Project Plan

Goals: The following are the goals of project:

- Develop an online tool that allows nurses to demonstrate the use of Jean Watson's 10 Caritas Processes.
- Generate reports to graphically represent the integration of Jean Watson's "Human Caring Theory" into patient care delivery
- Encourage and inspire Nurses to align patient care with Jean Watson's "Human Caring Theory"
- Improve the quality of care by integrating Jean Watson's "Human Caring Theory" into practice
- Provide measureable outcomes of the quality of patient care delivery
- Provide the ability to authenticate patient care delivery

Milestones:

- Identify Project → due January 23rd
- Research Jean Watson → due February 12th
- Determine MediTech Feasibility → due February 26th
- Develop Tool in Testing → due March 19th
- Approval from Project Team → due March 20th
- Approval from Nursing Leadership → due April 10th
- Education/Training/Marketing Implementation → TBD
- Audit → TBD
- Report Generation → TBD

Appendix B Project Activities

Category	Activity	Resource	Duration	Status	Due Date	Notes
Online Tool	Determine the corresponding intervention item to the HCAPS form item	Barbara, Susie	4 days	Complete - 4/17	2/27/2013	2/20: Met with Julie. Waiting for additional feedback from her. 3/12: First draft of Mapping between patient satisfaction and caritas 3/19: Getting access to Press Ganey to get updated HCAPS info
Online Tool	Review Meditech "test" screen with nurse directors for approval	Barbara		In process	4/3/2013	2/20: Once the tool has been implemented in Meditech testing then we can take this to the nurses to get approval 3/5: This will be done with a full presentation/proposal during a Nursing Leadership meeting
Online Tool	Review relationship with Employee Engagement	Barbara		Complete - 3/5		2/26: Set up mtg with Claudia to discuss this 3/5: Met with Claudia. Gave us good feedback on project. Determined that Employee Engagement survey will not be included in the project.
Online Tool	Revise Intervention wording based on feedback from Stakeholders. Must be able to fit w/in a certain character limit	Susie/Barbara		Complete - 4/17	4/16/2013	4/9: Added today. Based on feedback from key stakeholders. They want each intervention to have a checklist rather than the process be a "yes/no". First draft of the revision sent to Barbara.
Meditech	Implement in "Testing" Environment		2 days	Complete - 4/17		2/20: See meditech layout.ppt 2/26: First mockup is complete 3/19: Second mockup is complete. Colleen wants to talk about the "comment" box. Will do this after Spring Break 4/9: New revision. Requires a whole rework of the screen. Mtg set up with Colleen and Shawna to discuss
Meditech	Implement in "Live" environment	IT	1 day	Not started		2/20: After project approval from nursing leadership
Meditech	Data feed from the database into file format	IT		Not started		2/20: Based on feasibility from IT 3/5: Get data feed report from Charlotte. Have to work with her once project approval
Education	Create education plan					2/20: incorporate Patient Satisfaction and Employee Engagement information 4/9: Initial plan broken into phases is complete
Education	Create education materials	Barbara, Susie	2 weeks	Not started		
Education	Educate nurses on Caritas processes	Barbara	2 weeks	Not started		
Education	Design promotional materials	Barbara, Susie	2 days	Not started		
Education	Create "pocket cheat sheets"	Barbara, Susie	2 days	Not started		
Education	Create reminder/marketing posters	Barbara, Susie	2 days	Not started		
Education	Write Newsletter article	Susie		Not started		
Documentation	Create a mapping between caritas and other available data sources	Susie	2 days	Complete - 4/17		3/5: Mapping to Patient Satisfaction Survey 3/12: Mapping from Nurse yearly evaluation 3/19: Mapping from Meditech. Need to go through Meditech to find other mappings 3/19: Mapped from Meditech. 4/9: Mapping complete between Core Values, Patient Satisfaction, Quality Measures, Meditech

Category	Activity	Resource	Duration	Status	Due Date	Notes
Research	Research Jean Watson's "Human Caring Theory"	Susie	3 weeks	Complete - 4/17	5/8/2013	Assuming 2 days per week (6 days) 2/19: Gather documentation via CINAHL 4/9: Barbara did research at GMU. Send 30 PDF documents for review
Research	Review the functions and capabilities of Meditech as it relates to this project Assess and determine the feasibility of the online tool	Susie, IT	3 days	Complete-2/13	2/13/2013	2/13: Met with Colleen and Shawna
Research	Determine the timeframe that it takes to implement in Meditech	IT	3 days	Complete-2/13	2/13/2013	2/13: Met with Colleen and Shawna - looks to be a go 2/13: Colleen says it will take a day or so to put into testing. To "go live" will be done overnight once the data has been determined
Research	Shadow the nurses to understand their role in using the online tool	IT	1 day	Complete-2/13	2/13/2013	2/20: Barbara will contact Sandy to arrange 3/5: n/a - may do this just for learning experience
Research	Call Vivian Norman to get her perspective on what worked and what didn't	Susie	1 day	n/a		2/14: Email from Vivian with answers to questions on Meditech specific. 3/5: emailed questions. Meeting set up for 3/12. 2/20: Waiting to hear back from Colleen to see if she has any additional questions or concerns 2/26: Sent Vivian another email to set up conference call. Sent her a screen shot of Meditech to get her opinion 3/12: Conference call with Vivian. Information is documented in Caritas Project - Reference - Vivian.doc 2/20: Talk to Charlotte from IT. 2/21: Talk to Charlotte once there is approval from Nursing Leadership 3/19: Report in a .csv file can be generated. Once we determine requirements then we can work with Charlotte on timing and other specifics 4/9: Included in the Data Mapping spreadsheet
Research	Determine feasibility of data feed for reports	Barbara, Susie	1 day	Complete-3/12		2/13: be done by IT when they put it in testing 3/5: essentially complete. Testing screenshot is done. Wording still needs to be updated but the attributes stay the same 2/20: We have Vivian's idea. We can determine this soon. Wait for Nursing Leadership direction 3/12: Put in Nursing Shift Assessment
Research	Review Meditech to see where items that already	Susie Susie		Complete-3/12 Complete		
Online Tool	Identify key attributes (i.e. checkboxes) that go into Meditech	IT	2 days	Complete - 3/5		
Online Tool	Identify placement within Meditech for caritas online tool	Barbara	2 days	Complete-3/12	2/27/2013	2/20: Need confirmation from IT and Barbara (see Meditech Layout.ppt) 2/26: Modifications done 3/5: more changes made in spreadsheet 3/19: Wording is complete. Updated version has been completed in the testing environment 2/20: Need confirmation from IT and Barbara (see Meditech Layout.ppt) 2/26: Modifications done 3/5: more changes made in spreadsheet 3/19: Wording is complete. Updated version has been completed in the testing environment
Online Tool	Determine intervention wording (what is seen on Meditech)	Barbara, Susie	4 days	Complete-3/12	2/20/2013	2/20: Need confirmation from IT and Barbara (see Meditech Layout.ppt) 2/26: Modifications done 3/5: more changes made in spreadsheet 3/19: Wording is complete. Updated version has been completed in the testing environment
Online Tool	Determine intervention summary wording	Barbara, Susie	4 days	Complete-3/12	2/20/2013	2/20: Need confirmation from IT and Barbara (see Meditech Layout.ppt) 2/26: Modifications done 3/5: more changes made in spreadsheet 3/19: Wording is complete. Updated version has been completed in the testing environment

Category	Activity	Resource	Duration	Status	Due Date	Notes
Documentation	Create presentation to get approval from Nursing Leadership	Suse		Complete: 4/9		3/5: Presentation to get approval for project to the nursing leadership team
Documentation	Write a newsletter article for hospital magazine	Suse		Not started		
	Determine "pilot group"					2/20: Sent email to colleen to get guidance on previous Meditech updates 3/20: Once it's in Meditech it's best to go live with all of the department
Implement	Train nurses on online tool	Barbara	3 days	Complete -3/20		2/20: Sent email to colleen to get guidance on previous Meditech updates 3/20: This is done either during education or on the fly. "Super users" can be used during the first couple days to make sure there aren't any questions 2/20: Pilot group could mean entire hospital
Implement	Go live with pilot group	Barbara, Susie	1 week	Not started		
Implement	Review tool	IT	1 day	Not started		
		Barbara, Susie, IT	4 days	Not started		
	Identify reports					2/20: possible link with HCAPS and Nurse Leader Rounding Surveys (Julie Fainter)
Reports		Barbara	1 week	Not started		
Reports	Design reports	Barbara, Susie	2 weeks	Not started		
Reports	Develop reports	Susie	3 weeks	Not started		
Audit	Develop audit plan and timeline	Barbara, Susie	4 weeks	Not started		4/9: First draft of audit/education plan complete
Audit	Create audit surveys (Self Report and Peer Observation)			Not started		
Audit	Conduct individual audits			Not started		
	Patient surveys					
Audit	Review results	Barbara		Not started		2/20: possible to include a selected number of patients who are willing to take the survey
Audit				Not started		

Appendix C Caritas Information

Caritas information for Online assessment tool		Intervention Summary (for Mapping)	Intervention Summary (for Meditech)
Caritas Process	Watson's Human Caring Theory	Intervention checkbox	Intervention Summary (for Meditech)
1	Embrace altruistic values and practice loving kindness with self and others	Practice acts of kindness	a. Positive attitude b. Listen genuinely c. Empathize a. Eye contact b. Call pt by name c. Support sense of hope d. Therapeutic touch
2	Instill faith and hope and honor others	Instill trust and hope by being available to meet patient needs	a. Use appropriate eye contact and touch b. Call patient by preferred name c. Nurture and support patient's sense of hope a. Recognize that prayer/meditation or other means can help soothe the patient b. Ask patient how they would like things done c. Keep those closest to the patient up to date about their health (with their consent) d. Know how to choose the right moment to discuss with the patient their condition and next steps e. Take into consideration the patient's spiritual needs a. Listen to the patient attentively when they speak b. Do not seem busy or otherwise occupied c. Engage in direct, constructive and respectful communication both verbal and non-verbal d. Have a non-judgmental attitude e. Answer patient as soon as it is convenient when they call
3	Be sensitive to self and others by nurturing individual beliefs, personal growth and practices	Nurture individual spiritual/religious beliefs and/or practices	a. Consider spiritual needs b. Ask Patient what they want c. Support family d. Maintain confidentiality
4	Develop helping-trusting caring relationships	Develop helpful and trusting relationship with the patient	a. Listen attentively b. Positive communication c. Respond to pt in timely manner d. Hourly round
5	Promote and accept positive and negative feelings; authentically listen to another's story	Promote and accept the expression of positive and negative feelings	a. Help keep pt calm b. Promote expression c. Support pt emotions
6	Use creative scientific problem-solving methods for caring decision-making	Use creative problem-solving to meet patient needs	a. Use creative thinking b. Encourage questions d. Inform about resources
7	Share teaching and learning that addresses the individual needs, readiness, and learning styles	Perform teaching and learning that addresses individual needs and learning styles	a. Explain care before administered b. Use common language c. Patient-centered teaching d. Timely care

Caritas information for Online assessment tool			
Caritas Process	Watson's Human Caring Theory	Intervention checkbox	Intervention Summary (for Meditech)
8	Create healing environment for the physical and spiritual self which respects human dignity	Create a healing environment	<p>Intervention Summary (from Mapping)</p> <ul style="list-style-type: none"> a. Anticipate patient's needs b. Create a comfortable and safe environment (privacy, noise, light, clean, neat) c. Check back with patient to ensure they have everything they need before leaving. d. Check if the patient's medication soothes their symptoms e. Help patient to be comfortable, offer alternative pain therapies <p>Intervention Summary (for Meditech)</p> <ul style="list-style-type: none"> a. Calm & safe environment b. Check pain c. Offer alternative pain therapies d. Anticipate needs
9	Assist with basic physical, emotional, and spiritual human needs	Assist with basic physical and emotional needs	<ul style="list-style-type: none"> a. Respect the patient and family's unique needs b. Show ability and skill in administering care (operating equipment, giving treatments) c. Know what to do in situations where one must act quickly d. Help patient with the care they cannot administer themselves <p>Intervention Summary (for Meditech)</p> <ul style="list-style-type: none"> a. Respect needs b. Provide skilled care c. Assist with care d. Respect privacy
10	Open to mystery and allow miracles to happen	Slow down and allow miracles to happen	<ul style="list-style-type: none"> a. Accept that some life happenings are inexplicable <p>Intervention Summary (for Meditech)</p> <ul style="list-style-type: none"> a. Allow for miracles

Appendix D Caritas Online Assessment Tool

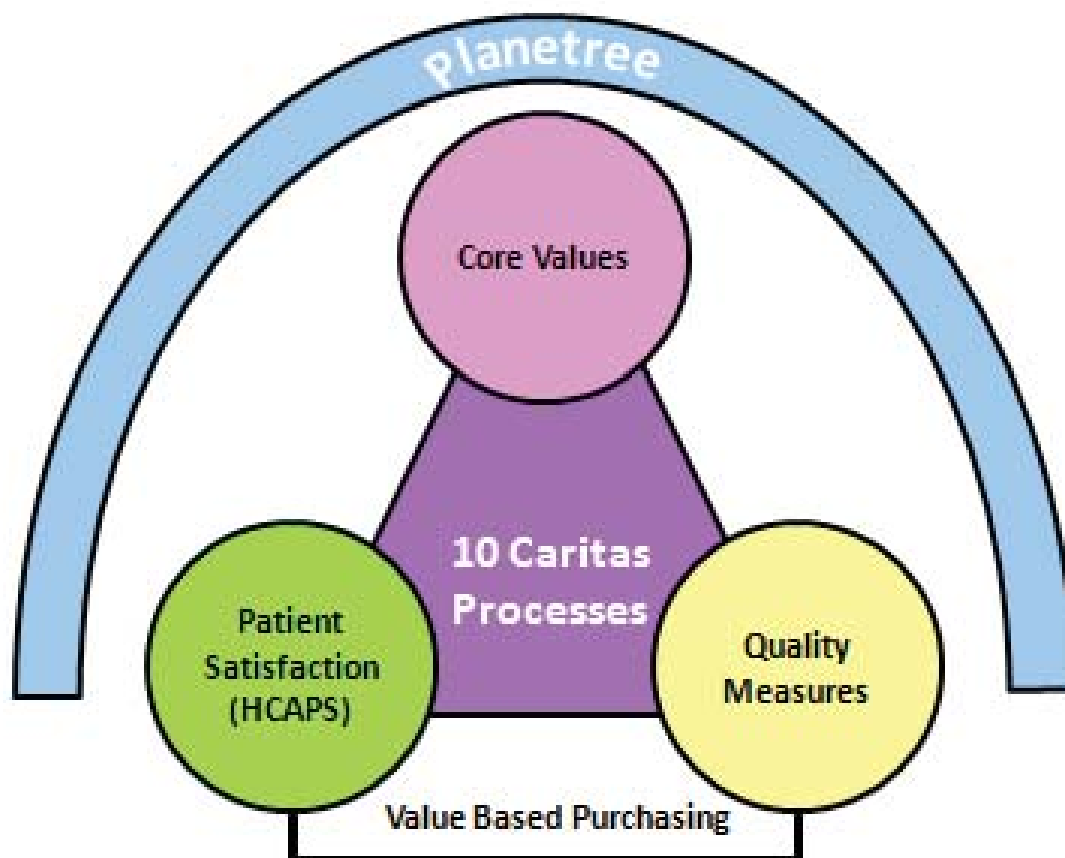
Caritas Assessment Tool	
1. Practice Acts of Kindness	<input type="checkbox"/> Positive Attitude <input type="checkbox"/> Empathize <input type="checkbox"/> Listen Genuinely
2. Instill Trust & Hope by Being Available to Meet Pt Needs	<input type="checkbox"/> Make Eye Contact <input type="checkbox"/> Therapeutic Touch <input type="checkbox"/> Call Patient by Name <input type="checkbox"/> Support Sense of Hope
3. Nurture Ind. Spiritual/Religious Beliefs and/or Practices	<input type="checkbox"/> Consider Spiritual Needs <input type="checkbox"/> Support Family <input type="checkbox"/> Ask Pt. What They Want <input type="checkbox"/> Maintain Confidentiality
4. Develop Helpful and Trusting Relationship w/ the Patient	<input type="checkbox"/> Listen Attentively <input type="checkbox"/> Respond in Timely Manner <input type="checkbox"/> Positive Communication <input type="checkbox"/> Hourly Rounding
5. Promote & Accept the Expression of +/- Feelings	<input type="checkbox"/> Help Keep Pt Calm <input type="checkbox"/> Support Emotions <input type="checkbox"/> Promote Expression
6. Use Creative Problem-Solving to Meet Pt Needs	<input type="checkbox"/> Use Creative Thinking <input type="checkbox"/> Inform About Resources <input type="checkbox"/> Encourage Questions
7. Perform Teaching/Learning that Address Needs/Learn Styles	<input type="checkbox"/> Explain Care before Admin <input type="checkbox"/> Pt-Centered Teaching <input type="checkbox"/> Use Common Language <input type="checkbox"/> Timely Care
8. Create a Healing Environment	<input type="checkbox"/> Calm & Safe Environment <input type="checkbox"/> Offer Alt. Pain Therapy <input type="checkbox"/> Assess/Reassess Pain <input type="checkbox"/> Anticipate Needs
9. Assist w/ Basic Physical and Emotional Needs	<input type="checkbox"/> Respect Needs <input type="checkbox"/> Assist with Care <input type="checkbox"/> Provide Skilled Care <input type="checkbox"/> Respect Privacy
10. Slow Down and Allow Miracles to Happen	<input type="checkbox"/> Allow for Miracles

Appendix E Caritas Data Mapping

Caritas	Intervention Summary	Patient Satisfaction Survey (per patient)	Planetree Model - Acute Care	Meditech (per patient)	Quality Measures	Core Values	Nurses Performance Evaluation (per nurse per year)	Rounding Surveys (per patient - yes/no)
1. Practice acts of kindness 2. Instill trust and hope by being available to meet patient needs	<ul style="list-style-type: none"> a. Have a positive attitude toward the patient b. Listen respectfully and with genuine concern c. Try to see things from the patient's point of view a. Use appropriate eye contact and touch b. Call patient by preferred name c. Nurture and support patient's sense of hope 	b: PS 1					Core Value: Service Excellence Core Value: Compassion	2nd#7, ED#5 - Listening to your needs and your concerns?
3. Nurture individual spiritual/religious beliefs and/or practices	<ul style="list-style-type: none"> a. Recognize that prayer/meditation or other means can help soothe the patient b. Ask patient how they would like things done c. Keep those closest to the patient up to date about their health (with their consent) d. Know how to choose the right moment to discuss with the patient their condition and next steps e. Take into consideration the patient's spiritual needs 	b: PS Personal Issue 5	Human Touch	Adult Admission History Psychosocial/Role/Respo nability Spiritual concerns and religious issues -> yes/no/comment			Core Value: Service Excellence	2nd#7 - Respecting your wishes and choices as they care for you? 2nd#7, ED#5 - Meeting the needs of your family and friends
4. Develop helpful and trusting relationship with the patient	<ul style="list-style-type: none"> a. Listen to the patient attentively when they speak b. Do not seem busy or otherwise occupied c. Engage in direct, constructive and respectful communication both verbal and non-verbal d. Have a non-judgmental attitude e. Answer patient as soon as it is convenient when they call 	a: PS2 e: PS4	Family, Friends & Social Support Spirituality				Core Value: Compassion	2nd#9 - Our goal is to answer call bells within five minutes. Have we met this goal during your stay? ED#5 - Keeping you informed about any delays you may experience?
5. Promote and accept the expression of positive and negative feelings	<ul style="list-style-type: none"> a. Accept and help patient deal with their negative feelings - keep calm when patient is angry b. Encourage patient to speak their thoughts and feelings freely c. Help the patient understand the emotions they feel in their situation d. Do not leave the room to avoid negative interactions a. Use creative thinking to help care for the patient b. Help patient cope with the stress caused by their condition or situation c. Encourage the patient to ask questions d. Inform the patient about the resources adapted to their needs 	c: PS Personal Issue 4		Nursing Shift Assessment Psychosocial Assessment Mood/Affect -> any checked and the comment				Core Value: Quality
6. Use creative problem-solving to meet patient needs								

	Patient Satisfaction Survey (per patient)	Planetree Model - Acute Care	Meditech (per patient)	Quality Measures	Core Values	Nurses Performance Evaluation (per nurse per year)	Rounding Surveys (per patient - yes/no)
7. Perform teaching and learning that addresses individual needs and learning styles	<p>a. Speak calmly, quietly and respectfully giving the patient your full attention at the moment</p> <p>b. Help patient identify, formulate and ask questions about their illness and its treatment</p> <p>c. Explain the care or treatment, including medication and possible side-effects, before its administered</p> <p>d. Use terms and language that the patient can understand</p> <p>e. Educate the patient how to schedule and prepare their medications</p>	<p>Information & Education</p> <p>Healthy Communities</p>				<p>Core Value: Services Excellence</p> <p>Essential Functions: Patient Education, Plans of Care</p>	<p>2nd#7, ED#5 - Answering your questions using words you understand?</p> <p>2nd#11 - Did your doctor give you enough information about your condition and treatment options and answer any questions you had?</p> <p>2nd#12. Were the side effects of your medications explained to you?</p> <p>2nd#13. Has your nurse been talking with you about what will happen when you're discharged from the hospital or transferred to another facility?</p>
8. Create a healing environment	<p>a. Anticipate patient's needs</p> <p>b. Create a comfortable and safe environment (privacy, noise, light, clean, neat)</p> <p>c. Check back with patient to ensure they have everything they need before leaving.</p> <p>d. Check if the patient's medication soothes their symptoms</p> <p>e. Help patient to be comfortable, offer alternative pain therapies</p>	<p>Human Interaction</p> <p>Family, Friends & Social Support</p> <p>Nutritional & Nurturing</p> <p>Aspects of Food Architecture & Interior Design</p> <p>Arts & Entertainment</p> <p>Complementary Therapies</p>	<p>Interdisciplinary Team Rounds</p> <p>Medication/Pain Control issues -> check and comment</p>			<p>Core Value: Services Excellence</p> <p>Core Value: Safety</p>	<p>2nd#10 - Have you had problems with pain control at any point during your stay?</p> <p>ED#10 - Has your pain been adequately addressed?</p>
9. Assist with basic physical and emotional needs	<p>a. Respect the patient and family's unique needs</p> <p>b. Show ability and skill in administering care (operating equipment, giving treatments)</p> <p>c. Know what to do in situations where one must act quickly</p> <p>d. Help patient with the care they cannot administer themselves</p>	<p>Family, Friends & Social Support</p>				<p>Essential Functions: Demonstrates Good Judgment, Department Specific Equipment, Evaluation</p>	
10. Slow down and allow miracles to happen	<p>a. Accept that some life happenings are inexplicable</p>						

Appendix F Caritas Concept Map



Note. The concept map was developed by the intern (Johnson, 2013).

Appendix G Audit/Education Plan

Project Education and Audit Plan

Project Name: Caritas Online Assessment Tool

Phase I: Educate nursing leadership and management personnel

1. Patient Care Services Leadership Team
2. Patient Services Combo Meeting
3. Nursing Executive Council

Phase II: Educate clinical staff

1. Super users
2. Email blitz
3. Huddles
4. Nursing Newsletter
5. Employee Newsletter
6. Pocket cards
7. Floor posters

Phase III: Implement into the Live MediTech System

1. During the evening when there are less number of uses on the system

Phase IV: Audit

1. Random patient surveys
2. Peer-nurse review
3. Data mapping correlation

Phase V: Reporting

1. Data collection
2. Data interpreting

Appendix H Presentation to the Nursing Leadership Team

