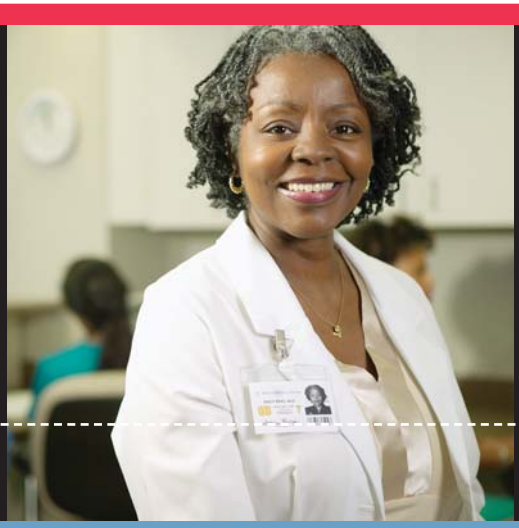
The American Organization of Nurse Executives

White Paper

Creating a Culture of Collaboration between Nursing and Support Services in the Clinical Setting



Contents:

In partnership with:

ARAMARK Healthcare

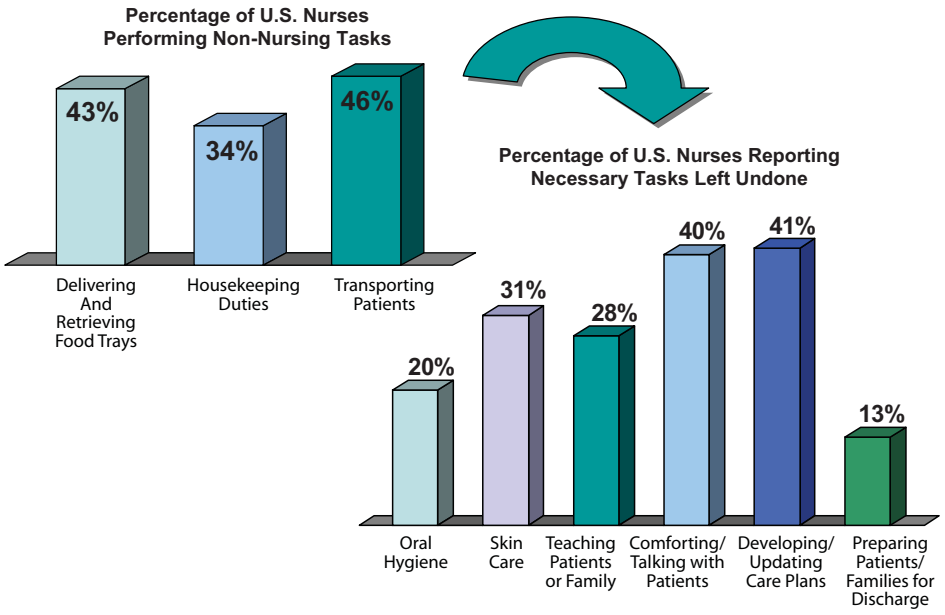
Objective

This white paper examines the relationship between nursing and support service functions within a hospital setting. Successful organizations have begun the process of restructuring operations to meet patient care demands by developing models of care that engender more collaborative relationships among these two areas. These new models have been developed within organization structures and cultures that allow for continuous adaptation to the ever-changing and complex acute care environment.

Why Study Nursing Satisfaction with Support Services?

Realities such as staffing shortages and burnout, high patient acuity, shortened length of stay, and the complexities of patient needs are expending increasingly limited nursing resources on non-nursing activities. When nursing becomes distracted by these activities, there can be negative impacts on patients, nurse satisfaction, and support services staff. By understanding nursing's perception of support services' performance and the impact that specific actions and behavior have on nursing satisfaction and overall collaboration among departments, both work units have an opportunity to come together to positively impact patient care and the work environment.

The graph below represents the percentage of time nurses in the U.S. spend on both nursing and non-nursing tasks based on a landmark study in 2001:[1]



This study showed that nearly half of nurses spend time transporting patients, delivering and retrieving food trays, while also reporting that some necessary patient care tasks are forced to be left undone.

A more recent study published in the *Permanente Journal* contained some profound findings regarding nurse time allocation. According to the study, within a 10 hour shift only 31 minutes of nurse time was spent on patient assessments and reading of vital signs. The report concluded that changes in technology, work processes, and unit organization and design may allow for substantial improvements in the use of nurses' time and the safe delivery of care.[1]

The American Organization of Nurse Executives (AONE) and ARAMARK Healthcare have worked together over the past several years to accomplish the following:

1) to create ways to work collaboratively to have a significant impact on nursing satisfaction,
2) to relieve nursing of tasks that can be done by support service staff so nurses can focus on nursing tasks
3) to positively impact outcomes including employee satisfaction, patient satisfaction and financial outcomes.

Through a multiphase study, AONE and ARAMARK Healthcare sought to determine the key characteristics of collaborative work environments among nurses and support service staff.

The first phase of the work involved nearly 50 nursing executives from across the U.S. and Canada. This group came together in November of 2006 to discuss what a successful partnership between nursing and support services would look like.

Their input led to the development of the *Guiding Principles for Relationships among Nursing and Support Services in the Clinical Setting*. These guiding principles provide a roadmap (based on best practices) to begin establishing a stronger, more meaningful partnership between nursing and support services—a partnership that is ultimately focused on caring for patients and their families.

During the second phase of the work, a survey instrument was developed that can be used by healthcare leaders to set performance benchmarks and consistently measure nursing satisfaction with support services.

The AONE Institute for Nursing Leadership Research and Education (formerly the AONE Institute for Patient Care Research & Education), ARAMARK Healthcare and the Studer Group facilitated the development of a survey tool called NS3 (Nursing Satisfaction with Support Services). This survey tool was developed and validated in the spring of 2007 around (what the research team termed) the "Traditional 8" support services.

The "Traditional 8" support services include:

1. Food and nutritional services
2. Environmental services
3. Clinical equipment services
4. Facilities management
5. Patient transport
6. Laundry and linen
7. Central supply/materials management
8. Security

During the spring/summer of 2008, ARAMARK Healthcare distributed the NS3 survey online to nearly 40,000 staff nurses. A total of 7,472 nurses from 65 hospitals participated in the study, representing a 19 percent response rate. The resulting data has a confidence level of 95 percent with a 1.13 percent margin of error. The sample group included nurses on various shifts at small hospitals (nurse staffs of 100) to large hospitals with 5,400 nurses. Geographically the hospitals were spread across the U.S. as well as several Canadian facilities.

The participating hospitals gave the following reasons for their interest and participation in the study:

- The assimilation of new leadership, whether the chief nursing officer (CNO) or support services leader;
- To help support or redesign the hospital work environment;
- To support AONE initiatives
- To achieve magnet status

By participating in the study, nurses contributed to the development of a first-of-its-kind tool; and by doing so, became a part of the national benchmarks. In addition, the participating hospitals were instrumental in the development of the survey process that AONE will launch nationally in the Spring of 2009.

Drivers of Nursing Satisfaction with Support Services

The NS3 survey asked nurse respondents to rate the following:

- satisfaction with the overall service level provided by the eight support services
- the degree the hospital encourages collaboration between nursing and support services
- the importance of impact area statements in relation to individual departments
- The performance of departments on each impact area statements.

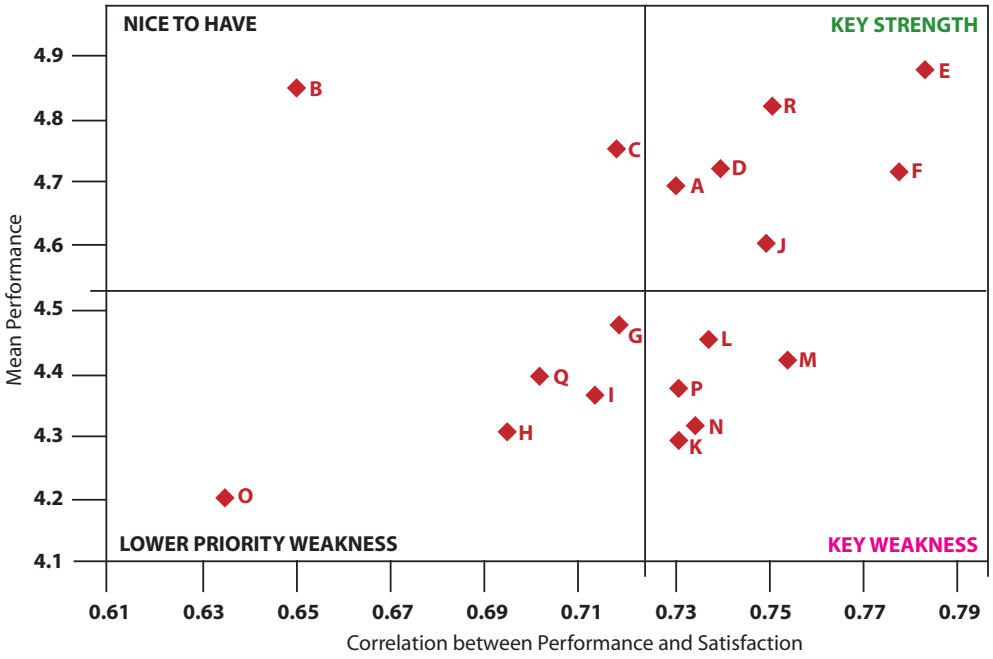
Impact Areas:
An impact area is a statement that describes a behavior or action that affects the working relationship between staff nurses and support service personnel. These statements were derived from an initial qualitative and quantitative study performed in 2006-2007 at 45 hospitals across the country and including the input from about 1,300 staff nurses. This study generated 17 statements with common relevance for each service, with one or two supplemental service area-specific questions for a few support service departments.

Ratings for both importance and performance were on a 6-point scale.

Everything is Important
Overall results from nurses participating in the study indicate that virtually all impact area statements were rated very high in importance, with the highest importance rating at 5.67 (on a 6-point scale) and the lowest rating earning a 5.47 score. With such little variation between the importance ratings for each of the questions, it became clear that a review of the results needed to go beyond a traditional gap analysis between importance and performance.

Correlations to Discover Trends
To give greater meaning to each of the impact area statements the performance data from each impact area statement was correlated to show the relationship between how nurses rated their SATISFACTION with the level of service for each department and how well they perceive their hospital encourages COLLABORATION between nursing and support services.

Correlation Between Performance and Satisfaction

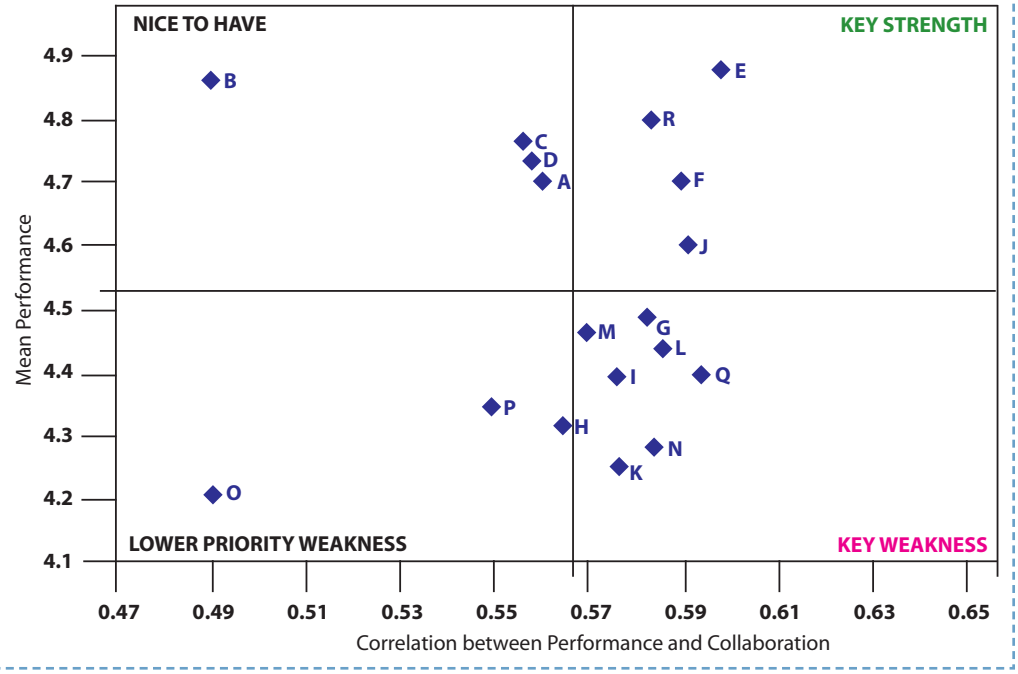


Key			
A	Performs duties correctly	**J**	Collaborates with others to produce outcomes that are in the best interests of the patients
B	Interacts with others in a positive manner	**K**	Takes initiative to meet others' needs without having to be asked
C	Follows tasks through to completion	**L**	Demonstrates an understanding of how they fit in with the "big picture" (providing quality patient care)
D	Displays an overall willingness to help	**M**	Responds to others quickly
E	Contributes to providing a safe environment	**N**	Takes personal accountability when tasks are not completed
F	Performs in a dependable/reliable manner	**O**	Consistently has an adequate number of staff to do the job we need
G	Communicates to keep nursing staff informed/aware	**P**	Is available (not hard to "track down") when needed
H	Lets others know when and if there will be a delay	**Q**	Frees up our time so we can do our jobs
I	Avoids unnecessary delays	**R**	Displays knowledge of how to perform the job accurately

This quadrant analysis plots the aggregate results for each impact area statement (detailed in the chart key) between mean performance ratings (Y axis) and a correlation between performance and satisfaction ratings (X axis). This analysis provides insight into the relative impact each statement has on satisfaction and whether action needs to be taken by nurse leaders on each impact area statement. Prioritization using this analysis follows the placement of each impact area statement in one of the four chart quadrants:

- Key Strengths – Performance on that impact area is above the mean as is its impact on satisfaction; strengths should be celebrated and leveraged against other impact areas.
- Key Weakness – Performance on that impact area is below the mean, but its impact on satisfaction is above the mean; remedial action is necessary
- Lower Priority Weakness – Performance on that impact area is below the mean, but its impact on satisfaction is below the mean; remedial action will improve performance, but should be secondary to the more impactful Key Weakness areas.
- Nice to Have – Performance on that impact area is above the mean, but it has a relatively low impact on satisfaction; work on impact areas in this quadrant is "nice to have," but will have less of an impact than in other areas.

Correlation Between Performance and Collaboration



This quadrant analysis provides a similar correlative analysis to the one described above, substituting collaboration for the measure on the X axis. Each of the prioritization descriptions above apply here, with this substitution.

Note that mean performance for each impact area statement in these correlations remains constant. Normalizing the data on this chart at the mean performance point and overlaying the plot points of the correlations for SATISFACTION with COLLABORATION, we discovered distinct nuances between the two, indicating some greater differences for each impact area question.

Key Survey Results

Among the important findings within the national NS3 data is the impact that nurses believe their satisfaction and collaboration with support services has on contributing to a safe environment. This area was rated by nurses as the single most significant strength that support service functions bring to the team.

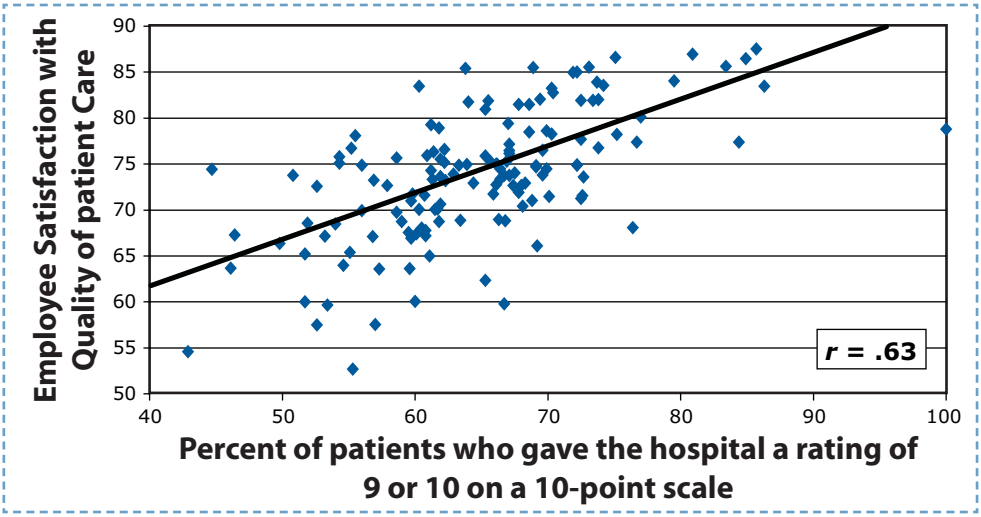
Because of the importance of providing safe and reliable care, this finding suggests that nursing collaboration with support services is critical. Hospital executives and nurse leaders can nurture these relationships even more to improve patient safety outcomes.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is designed to provide a national standardized methodology to evaluate the frequency of services delivered within the hospital. Responsiveness of hospital staff and nurse communication are two key indicators in the HCAHPS measures. When support services and nursing are working together to meet patient needs and creating a positive experience, it stands to impact HCAHPS scores, which could result in increased patient volume and market share if consumers begin to show preference to those facilities with better scores.

According to extensive research from Press Ganey, "patient satisfaction influenced direct measures of financial performance including: bond rating core margin, earnings per adjusted admission, earning per patient day, liquidity, managed care contracts, market share, net margin and profit margin."[2]

Higher patient satisfaction also has a financial impact. Press Ganey examined the implications of moving all patients, with average patient satisfaction ratings of 3 to 4, to a superior rating of 4 to 5. If this happened, the hospital would gain $2.3 million in additional revenue from additional repeat customers – or an average of $82 per patient. [3]

As another dimension, the chart below depicts how employee and patient satisfaction are correlated—satisfied employees lead to satisfied patients. [4]



The literature has already established that a strong relationship exists between employee satisfaction and patients' perceptions of the quality of their care, particularly in the case of nursing. Employee dissatisfaction can negatively affect quality of care and have an adverse effect on patient loyalty, and thus hospital profitability. [5]

Ensuring patient satisfaction requires organizational and tactical strategies that impact and engage all employees. In successful cases, these are hospital-wide efforts that develop and sustain a culture that emphasizes patient satisfaction that includes department-specific initiatives. There have been numerous studies available from both inside and outside healthcare that indicate committed employees perform up to 20 percent better and are 87 percent less likely to leave the organization. [6] (Corporate Executive Board, Press Release, April 11, 2007.)

Another key finding within the national NS3 data was that nurses rated clinical technology services and security at the top in terms of performance and their impact on nurse satisfaction.

Within the NS3 feedback, nurses also outlined specific strengths of support service teams as well as the areas that need the most improvement.For example, the chart below lists what nurses describe as the "greatest strengths" of their support service teams based on the three dimensions covered in the survey: importance, satisfaction, and collaboration:

Priority Areas of Impact	Importance	Satisfaction	Collaboration
Contributes to providing a safe environment	Strength	Strength	Strength
Performs in a dependable/reliable manner	Strength	Strength	Strength
Collaborates with others to produce outcomes that are in the best interests of the patients	Strength	Strength	Strength
Displays knowledge of how to perform the job accurately	Strength	Strength	Strength

Many of the verbatim comments nurses provided as part of the survey focused on how important the support service function is to achieving patient outcomes:

- *"Transporters really have the opportunity to make a patient's day."*
- *"It is a great reflection on the hospital when support services do their jobs pleasantly and are courteous to patients, families and nursing staff."*
- *"Support service staff is helpful in informing nursing when patients return from procedures."*
- *"Dietary goes out of their way to make sure patients have something that they like to eat."*
- *"Biomed knows our special needs and how badly equipment failures and delays affect the department. I appreciate how rapidly they respond."*
- *"Environmental services consistently works hard to turn over operating rooms so that the next procedure can begin."*
- *Housekeeping is hardworking and responsive to our needs. They are one of the most valuable groups of people in the hospital saving time, effort and money for the nursing staff."*
- *"Biomed takes personal ownership for their part in the team to deliver quality care to patients."*
- *Laundry services works hard to make sure that we have linens in a timely manner."*
- *"Our Director of Materials is very customer oriented and acts in the best interest of patients and staff alike."*
- *"Security officers are great; they are always cheerful and willing to help."*
- *"Our facilities and maintenance supervisors make rounds to ensure that the requested tasks are performed and to communicate with the nurse in charge."*

According to nurse feedback, an overall opportunity to improve exists with support services on the third shift. A significant number of nurse comments indicated that service drop off is most acute during the night shift.

Among the specific feedback that nurses offered concerning the greatest improvement opportunities are:

- *"Consistency in quality and the language barrier. I'm not confident that when a job is explained that support services understands the details."*
- *"We need better communication on when, how and who will be doing the job and who we can call if there is a performance problem."*
- *"Housekeeping could better plan ahead to complete more extensive cleaning during low census times and days."*
- *"Trying to get a satisfactory response to a problem during night shift hours is very frustrating."*
- *"Engineering has too many people responsible for different things."*
- *"Consistency with housekeeping and dietary would be nice so that nurses on the units can become familiar with them and build relationships."*
- *"Support services needs a better system of orientation. When new staff comes on board they are not given a thorough orientation of the nursing units."*
- *"It would be helpful if support service teams made regular rounds on the units."*
- *"Laundry and linen could better help us track utilization."*
- *"Central supply needs to communicate quicker when supplies are low."*
- *"Transportation needs to better coordinate with nursing and give notice when they are picking up patients and to communicate any delays in service."*
- *"Better planning and communication between the unit manager and the facilities staff. Maintenance can not take place while nurses are providing patient care."*

Setting a Benchmark and Addressing Individual Hospital Needs

The NS3 survey is intended to capture nursing satisfaction with support services based on the specific environment within each hospital. Additionally, the results of the national NS3 survey provide a reliable benchmark against which hospitals can evaluate their individual results. The data and reporting provided to participating hospitals in Phase Two of the project included:

1) Overall national survey results

2) Overall individual hospital performance

3) Hospital performance by support service discipline

The report format was designed to provide direction for prioritization and aggregated actionability. Each hospital receives a total of nine reports—one for each support service and a summary of results called the Impact Summary for the hospital. The report is designed to be intuitive, insightful and prescriptive, providing specific instructions on how to read the information on each page.

The reporting is also presented to enable participating hospitals to review the results and focus their action steps within the areas that provide the most value. Prioritization is based on a color-coded matrix that illustrates each question or impact area under the three evaluation dimensions of importance, satisfaction, and collaboration. There are four areas to help teams prioritize their actions based on a quadrant analysis, also contained in the results report.

The chart below represents a snapshot of the aggregated national data and highlights the key areas or weaknesses where hospitals could best focus their resources for action planning to improve relationships among nursing and support services.

- **Key Strengths (green)**—Strengths should be celebrated and leveraged against other impact areas.
- **Key Weakness (red)**—Remedial action is necessary
- **Lower Priority Weakness (gray)**—Remedial action will improve performance, but should be secondary to the Key Weakness areas.
- **Nice to Have (yellow)**—Work on impact areas in this quadrant is "nice to have," but will have less of an impact than in other areas.

The following is the "Impact Summary" for the national roll-up, or aggregate responses, from the nearly 7,500 nurses who participated in the study:

Impact Summary

Prioritizing for the National Action Plan

- Look for overlapping areas of green (strengths) and red (weaknesses) as you target which areas to improve and which to promote.

Priority Areas of Impact	Importance	Satisfaction	Collaboration
Contributes to providing a safe environment.	Strength	Strength	Strength
Performs in a dependable/reliable manner.	Strength	Strength	Strength
Collaborates with others to produce outcomes that are in the best interests of the patients.	Strength	Strength	Strength
Displays knowledge of how to perform the job accurately.	Strength	Strength	Strength
Performs duties correctly.	Strength	Strength	Nice to Have
Displays an overall willingness to help.	Strength	Strength	Nice to Have
Follows tasks through to completion.	Strength	Nice to Have	Nice to Have
Interacts with others in a positive (polite, courteous, friendly) manner.	Nice to Have	Nice to Have	Nice to Have
Lets others know when and if there will be a delay.	Lower Priority	Lower Priority	Lower Priority
Consistently has an adequate number of staff to do the job we need.	Lower Priority	Lower Priority	Lower Priority
Avoids unnecessary delays.	Lower Priority	Lower Priority	Weakness
Frees up our time so we can do our jobs.	Lower Priority	Lower Priority	Weakness
Takes initiative to meet others' needs without having to be asked.	Lower Priority	Weakness	Weakness
Demonstrates an understanding of how they fit in with the "big picture" (providing quality patient care).	Lower Priority	Weakness	Weakness
Responds to others quickly.	Lower Priority	Weakness	Weakness
Takes personal accountability when tasks are not completed.	Lower Priority	Weakness	Weakness
Communicates to keep nursing staff informed/aware.	Weakness	Lower Priority	Weakness
Is available (not hard to "track down") when needed.	Weakness	Weakness	Lower Priority

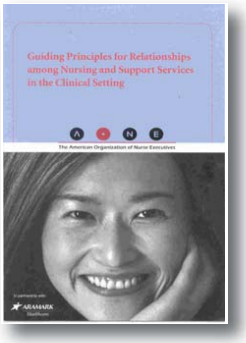
Key:	Strength	Weakness	Nice to Have	Lower Priority

The report is sent directly to each hospital point of contact, and participants are encouraged to share results between nursing and support services to help begin a meaningful dialogue

Project Implications

One of the primary implications of this work is how the survey results and the AONE Guiding Principles for Relationships among Nursing and Support Services in a Clinical Setting can be used together to evaluate nursing satisfaction with support services and create planned improvement strategies.

The words "culture change" may identify what needs to happen in some organizations, but what is being done to facilitate this change? It may mean engaging an organizational development resource to help gear up the organization to make the changes that are necessary. Organization Development is basically a training and development discipline for shifting beliefs, values, systems, and structures to improve performance and effectiveness. What may seem like simple operational process changes can result in significant implications.



When CNOs came together in 2006 to discuss what a successful partnership between nursing and support services would look like in future, their input led to the development of the Guiding Principles for Relationships among Nursing and Support Services in the Clinical Setting. These guiding principles provide a roadmap based on best practices to begin establishing a stronger, more meaningful partnership between nursing and support services—a partnership that is ultimately focused on caring for patients and their families.

Each survey question of the NS3 can be crosswalked against the Guiding Principles. What this crosswalk represents is an opportunity to better understand roles and responsibilities for nurses and support service teams, which has the potential to create collaboration in meeting patient needs and to foster a safer, less stressful work and practice environment.

With the guiding principles and the NS3 data, hospitals now have a baseline and a roadmap to begin to evaluate and improve their own unique position in respect to nursing satisfaction with support services.

To test the learning, ARAMARK Healthcare set out to develop and pilot a process and tools to evaluate and improve satisfaction at one medium-sized hospital in the Midwest. After an initial assessment against the principles and based on their NS3 results from 2007, it was determined that the hospital needed to focus on the following:

Guiding Principle 3: Clear Scope of Practice

Guiding Principle 5: Culture of Mutual Respect and Recognition

Guiding Principle 7: Continuous Open Communication

An organizational development approach was then used to improve processes around these areas. A steering committee led by the hospital's chief nurse executive communicated and introduced the recommendations throughout the nursing and support service groups.

The staff repeated the NS3 after the introduction of the Steering Committee recommendations. The following changes in nursing staff perceptions were realized (scale of 1 to 6 with 6 being highest):

NS3 Questions	March 2007	Feb 2008
Lets others know when and if there will be a delay	**4.50**	**5.72**
Frees us up so we can do our job	**4.10**	**5.80**
Avoids unnecessary delays	**4.20**	**5.67**
Is available (not hard to track down) when needed	**4.25**	**5.82**
Follows task through to completion	**4.89**	**5.77**

Guiding Principle 3 (Clear Scope of Practice): This principle is based on establishing clear responsibilities, accountabilities and education for all team members. It is also geared to helping nurses focus more on clinical care functions and is intended to help facilitate professional development and talent management across the collaborative team.

Based on this principle, the hospital created a support service resource manual so that all nursing units and support service staff have the same perception of their jobs and responsibilities. Departmental processes were developed with input from all departments, so that both nurses and support service staff are clear about how to approach each task. This ultimately led to nurses spending more time on clinical care functions. To build a more collaborative team, training also was introduced involving both nursing and support service teams.

Guiding Principle 5 (Culture of Mutual Respect and Recognition): This principle focuses on bridging gaps and barriers created by professional cultural and general differences; encouraging a sense of equity and shared appreciation. It also suggests rewarding and recognizing all members of the team for their impact on the patient experience.

Action steps in support of this area included shared diversity training, language translation services at staff meetings and shared orientation for new nursing and support services hires. The team also hosted a support service open house for nurses to expand their understanding of what it takes to perform support service jobs. Additionally, a rounding initiative was introduced to identify outstanding work and to mutually recognize successes.

Guiding Principle 7 (Continuous Open Communication): This principle encourages the creation of a common patient centered language that both nursing and support service can use. It also recommends establishing a communications plan that disseminates key messages and decisions to all levels and creating an interdepartmental satisfaction and feedback mechanism.

Under this principle, nursing and support services agreed on a common language to identify support service titles and responsibilities. For example, room cleaning could be called either environmental services or housekeeping. The team agreed to use the environmental services title consistently to avoid confusion. To ensure that all teams (both nursing and support services) are in the know, joint meetings were introduced. In an effort to solicit and measure feedback, groups on both sides also were encouraged to discuss expectations and to foster an understanding of "what good looks like" with regard to satisfaction scores.

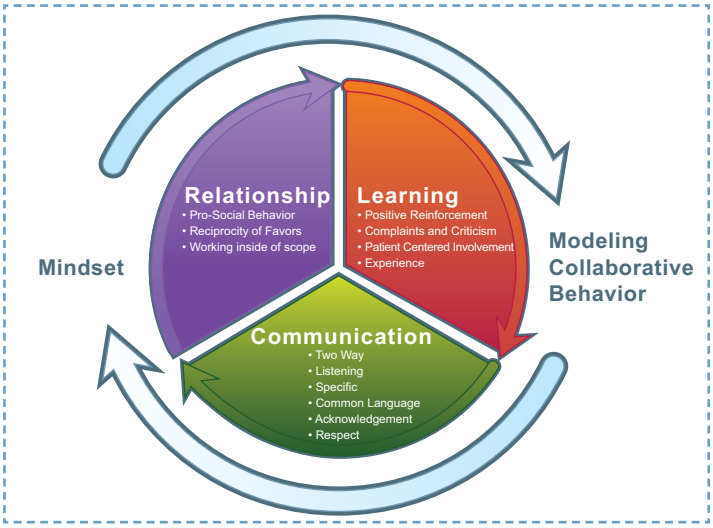
The results at the test hospital offer a very encouraging example of how the *Guiding Principles for Relationships among Nursing and Support Services in a Clinical Setting,* support the NS3 survey tool and national benchmark data which can be leveraged by hospitals to make a difference.

The Support Service Perspective

The major focus of Phase One and Phase Two of this work centered on nurse perceptions of support services; however, many nurse leaders involved in this project voiced an interest in obtaining a better understanding of the perspective of the support service team. Collaboration, as a definition, requires input from both sides of the relationship. Support service workers' needs in the collaborative equation must be investigated and understood to best maximize the potential for synergy.

As a result, ARAMARK Healthcare conducted 65 focus groups involving 298 support service employees from 10 geographically diverse hospitals. The feedback led to the development of the basic model below to characterize the mindset of the support service employees.

Characteristics of Collaborative Working Relationships



Feedback suggests that nurse executives must be the catalyst for change by clearly setting expectations and leading by example. The focus group feedback then suggested three key areas of focus:

1. Experiences

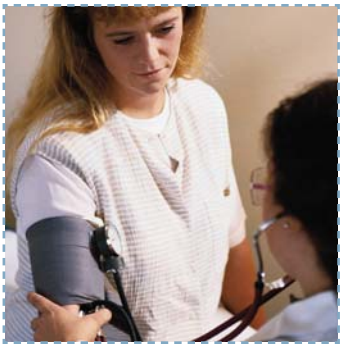
In terms of experiences, the focus groups highlighted the importance of positive reinforcement - things like thanking each other for a good job and demonstrating appreciation for support service contributions, as well as calling support service workers by their names. They also noted the nature of complaints and criticism from nursing as having a key impact on their experience.

2. Relationships

Feedback in this area included things like pro social behavior, such as when nurses and support service employees volunteered together for a cause that represents the good of the hospital. Another positive behavior that came to light is when support service employees and nurses reciprocate favors for one another—a "you scratch my back and I'll scratch yours" mindset. relationships are also strengthened when each side understands and respects the scope of work involved in one another's job. Casual nurturing of the relationships is important too. Focus group respondents noted interactions that take place in the hallways, lunch rooms or at the water cooler are vital.

3. Communication Processes

Focus group feedback in this area captured several important improvement opportunities. The first is around common language or when both groups agree to call a specific function by the same name. A good example would be consistently using the term environmental services to refer to room cleaning rather than housekeeping. Support service employees also expressed the need for communication to be two-way and to focus on a specific issue. They also felt that it is important for nurses to actively listen to their feedback and concerns.



What's Next

AONE and ARAMARK Healthcare hosted a second conference in October 2008 teaming chief nursing officers with senior support service leaders from their hospitals. The conference was designed to further understand the support service perspective and focused on developing more strategies and action plans that hospitals can use to foster collaboration among nursing and support services.

Attendees from 18 hospitals worked in interactive teams to assess and identify gaps, develop strategies for creating a collaborative work environment, and create action plans to advance the work over the two days of the conference. ARAMARK Healthcare Organizational Effectiveness Coordinators are following up with the participants quarterly throughout 2009 to track progress and offer guidance.

In the future the two organizations are planning to focus their efforts on identifying the financial impact that stronger collaboration among nursing and support services will have on hospital finances.

Notes

1. Aiken, LH, et al., "Nurses' Reports on Hospital Care in Five Countries," *Health Affairs*, May/June 2001 – Research in United States, Canada, England, Scotland, and Germany
2. Marilyn Chow, Vice President of Patient Services for Kaiser Permanente and Ann Hendrich, Vice President of Clinical Excellence for Ascension Health.
3. Source: Press Ganey, *Relationship of Employee and Patient Satisfaction*, 2003.
4. "Return on Investment in Satisfaction Measurement and Improvement," Working Paper from Press Ganey Associates, Volume 1, Edition 2, August 31, 2005
5. Happy employees lead to loyal patients: *Survey of nurses and patients shows a strong link between employee satisfaction and patient loyalty.*,: Atkins PM, Marshall BS, Javalgi RG. J Health Care Mark. 1996 Winter;16(4):14-23.
6. Corporate Executive Board, Press Release, April 11, 2007.

Acknowledgements

AONE and ARAMARK Healthcare would like to acknowledge the participation of the following hospitals in the Spring, 2008 Nurse Satisfaction with Support Services (NS3) survey process, and thank them for their contribution to the development of a tool that will be available to all AONE members in 2009, as well as contributing to a new body of research dedicated to building a collaborative work environment.

Advocate Good Samaritan
Hospital Downers Grove, Illinois

Albany Medical Center
Albany, New York

Audrain Medical Center
Mexico, Missouri

Baptist Hospital
Nashville, Tennessee

Baylor Regional Medical Center Grapevine
Grapevine, Texas

Bellin Health System
Green Bay, Wisconsin

Brazosport Regional Health System
Lake Jackson, Texas

Bronx Lebanon Hospital Center
Bronx, New York

Bryn Mawr Hospital
Bryn Mawr, Pennsylvania

Buffalo General Hospital-Kaleida Health
Buffalo, New York

Capital Health System at Fuld
Trenton, New Jersey

Capital Health System at Mercer
Trenton, New Jersey

Champlain Valley Physicians Medical Center
Plattsburgh, New York

Children's Memorial Hospital
Chicago, Illinois

CHRISTUS St. Michael Rehabilitation Hospital
Texarkana, Texas

Connecticut Children's Medical Center
Hartford, Connecticut

Credit Valley Hospital
Mississauga, ON

Doctors Community Hospital
Lanham, Maryland

Doctors Hospital OhioHealth
Columbus, Ohio

Durham Regional Hospital
Durham, North Carolina

Eliza Coffee Memorial Hospital
Florence, Alabama

Evanston Northwestern Healthcare
Evanston, Illinois

Hanover Hospital
Hanover, Pennsylvania

Harris Methodist Hospital
Fort Worth Fort Worth, Texas

Helen Ellis Memorial Hospital
Tarpon Springs, Florida

High Point Regional Health System
High Point, North Carolina

Holy Rosary Healthcare
Miles City, Montana

Ingalls Memorial Hospital
Harvey, Illinois

Inova Fairfax Hospital
Falls Church, Virginia

Johns Hopkins Bayview Medical Center
Baltimore, Maryland

Lemuel Shattuck Hospital
Boston, Massachusetts

Lutheran Medical Center
Brooklyn, New York

Mease Countryside Hospital
Dunedin, Florida

Mease Dunedin Hospital
Dunedin, Florida

Medical Center of Central Georgia
Macon, Georgia

Memorial Hospital West
Pembroke Pines, Florida

Milford Regional Medical Center
Milford, Massachusetts

Millard Fillmore Gates Circle Hospital
Buffalo, New York

Millard Fillmore Suburban Hospital
Williamsville, New York

Morton Plant Hospital
Dunedin, Florida

Morton Plant North Bay Hospital
Dunedin, Florida

Mountainside Hospital
Montclair, New Jersey

Olean General Hospital
Olean, New York

Oswego Hospital
Oswego, New York

Paoli Hospital
Paoli, Pennsylvania

Pinnacle Health
Harrisburg, Pennsylvania

Poplar Bluff Regional Medical Center
Poplar Bluff, Missouri

Riddle Memorial Hospital
Media, Pennsylvania

Sherman Hospital
Elgin, Illinois

S. Jersey Healthcare Regional Medical Center
Vineland, New Jersey

South Jersey Healthcare-Elmer Hospital
Elmer, New Jersey

South Shore Hospital of S. Weymouth
Massachusetts
S. Weymouth, Massachusetts

Southern Regional Medical Center
Riverdale, Georgia

Southwest Health Systems
Cortez, Colorado

Southwestern Vermont Medical Center
Bennington, Vermont

St. Joseph Medical Center
Kansas City, Missouri

St. Luke's Regional Medical Center
Sioux CitySioux City, Iowa

St. Mary's Hospital
Decatur, Illinois

St. Mary's Medical Center
Blue Springs, Missouri

Susquehanna Health
Williamsport, Pennsylvania

Swedish American Hospital Rockford Illinois
Rockford, Illinois

Tanner Medical Center/Villa Rica
Villa Rica, Georgia

The Finley Hospital
Dubuque, Iowa

The HSouth Carolina Pediatric Center
Washington, DC

The Reading Hospital and Medical Center
West Reading, Pennsylvania

Trinity Regional Health System
Rock Island, Illinois

United Health Services Hospitals
Johnson City, New York

University Community Hospital
Tampa, Florida

University Medical Center
Tucson, Arizona

VCU Health System
Richmond, Virginia

Wallace Thomson Hospital
Union, South Carolina

War Memorial Hospital – West Virginia
Berkeley Springs, West Virginia

Warren Memorial Hospital
Front Royal, Virginia

Winchester Medical Center
Winchester, Virginia

Women and Children's Hospital of Buffalo
Buffalo, New York

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