VOICE of nursing leadership

IN THIS ISSUE

JULY 2026 QUALITY INITIATIVES

Voice of the President

Ena Williams, 2026 president, AONL Board of Directors

Quality in healthcare is shaped long before metrics are reported or dashboards are reviewed. It begins in the daily decisions, priorities and expectations set by nurse leaders who understand that excellence is engineered, not accidental. As nurse leaders, we influence the systems, cultures and partnerships that transform quality initiatives into operational reality.

At this moment, defined by unprecedented workforce pressures, accelerating innovation and rising patient complexity, our role to advance quality has never been more consequential. Nurse leaders bring a perspective no other discipline can replicate: a deep understanding of clinical practice and operational flow, as well as a commitment to the delivery of exceptional patient-centered care. This perspective positions us to identify variation, close safety gaps, support front-line teams, lead with physician dyads and champion practices elevating outcomes across the care continuum. Nurse leaders are the architects of sustainable quality improvement.

In this issue of the Voice, we hear from nurse leaders at the forefront of quality initiatives, helping build safer, more accountable and more resilient organizations.

Lenore Reilly and Beth Jameson discuss the role nurse leaders play in aligning quality initiatives with organizational imperatives and the need to engage nurses in articulating both the hard and soft return on investment (ROI) related to performance improvement programs. ROI-informed practice strengthens shared governance by giving nurses the skills and structure to influence organizational decision-making and demonstrate the full value of nurse-led improvement projects.

Nurse leaders bring a perspective no other discipline can replicate: a deep understanding of clinical practice and operational flow, as well as a commitment to the delivery of exceptional patient-centered care.

Brennon Quick and Erik Martin share a creative program launched by Norton Children's Hospital in Louisville, Ky., to strengthen the safety culture by making safety conversations more accessible and engaging. Through the Sip on Safety program, leaders round on departments with a mocktail cart, serving safety-themed drinks and initiating short, meaningful safety-focused

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AHA News

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AHA Events

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September 2026	
Healthcare Finance for Nurse Executives – Chicago	Sept. 10–11
Foundational Business and Finance Skills – Virtual	Sept. 10–22
Nurse Manager Institute – Virtual	Sept. 29 – Oct. 1
October 2026	
Certified Nurse Manager and Leader (CNML) Review Course – Virtual	Oct. 13 – Nov. 10
December 2026	
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Developing a System Roadmap: Reducing Pressure Injuries Through Best Practices

Melissa Fritz, DNP, RN, CENP, FAON
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Hospital-acquired pressure injuries (HAPIs) represent a major challenge in acute care settings, as they not only compromise patient safety and comfort but also contribute to increased morbidity and prolonged hospital stays. HAPI prevalence is largely preventable, making it a highly important measure of care quality, underscoring the need for teams to recognize its seriousness and prioritize prevention as a fundamental element of care.

In addition to the burden of pain, infection and potential death, it is estimated that HAPIs cost the health system $26.8 billion annually, with most of the costs coming from stage 3 and 4 HAPIs (Gould et al., 2024). The costs include increased resource utilization, additional staffing, and potential penalties for hospitals failing to meet quality benchmarks. Addressing HAPIs is therefore a top priority for hospital leadership, requiring interprofessional collaboration and the implementation of systemwide best practices to safeguard patient well-being and optimize operational efficiency.

This article describes how a large healthcare system created a system quality roadmap focused on HAPI prevention best practices, and one hospital's journey to reduce its reportable stage 3, stage 4 and unstageable HAPIs from 36 to 13 in just one calendar year.

HealthPartners, headquartered in Bloomington, Minn., is a system spanning Central Minnesota and Western Wisconsin, comprising eight hospitals, 90 clinics, 28,000 employees, and a care plan and delivery system. HealthPartners became a system in 2013 when it merged with Park Nicollett Health Services. As each year passed, the system continued to align practices across the system so that, no matter which door patients walk through, they receive the same high-quality, safe patient care and excellent outcomes.

A strong example of systemwide collaboration was the leadership's decision to develop system roadmaps. The leadership team established quality-focused roadmaps to guide care delivery across the organization and promote consistency.

Development of a system roadmap

HealthPartners created a system roadmap structure modeled after the Minnesota Hospital Association (MHA) roadmap structure (*Figure 1*). MHA developed roadmaps to provide hospitals with evidence-based guidelines and standards to prevent topic-specific issues and improve quality. The roadmaps capture established literature, guidance from various professional organizations and regulatory bodies, and proven best practices (Minnesota Hospital Association, 2017). The MHA has patient safety committees, each focused on a specific topic, to ensure it continues to provide expert guidance and oversight of the roadmaps.

HealthPartners used the MHA roadmap process to create an internal method for developing its own system roadmap. The HealthPartners roadmap program included an expert HAPI panel, which was a small, multidisciplinary group that reviewed the literature and data and then outlined best practices. This panel helped to determine standard practices, assess current performance, guide improvement and track progress. This created reliable, standardized and clear approaches to accelerate improvement across the organization. The roadmap structure was led by representatives from three key areas: clinical, operations, and quality improvement .

Once best practices were developed, a HealthPartners workgroup reviewed them and established an initial approach for operationalizing them across our hospitals, including ongoing implementation support. The workgroup expanded to include members from all disciplines who participate in pressure injury prevention, while maintaining a structured group with broader responsibilities to represent each hospital, region and role. The third and final step was the implementation of local HAPI committees. To ensure consistency, each local committee had a representative sitting on the system workgroup. The local teams then deploy what comes out of the system group, while also escalating local trends and issues to the system workgroup (Figure 1).

System roadmap impact

The HAPI roadmap led to improved system metrics (Figure 2). The system saw a 20% reduction in the system HAPI rate when comparing pre-intervention and post-intervention timeframes, a 25% increase in compliance for dual skin assessments on admission, and a 10% increase in compliance for Braden scores

FIGURE 1: System Roadmap Structure – Accountability and Responsibilities

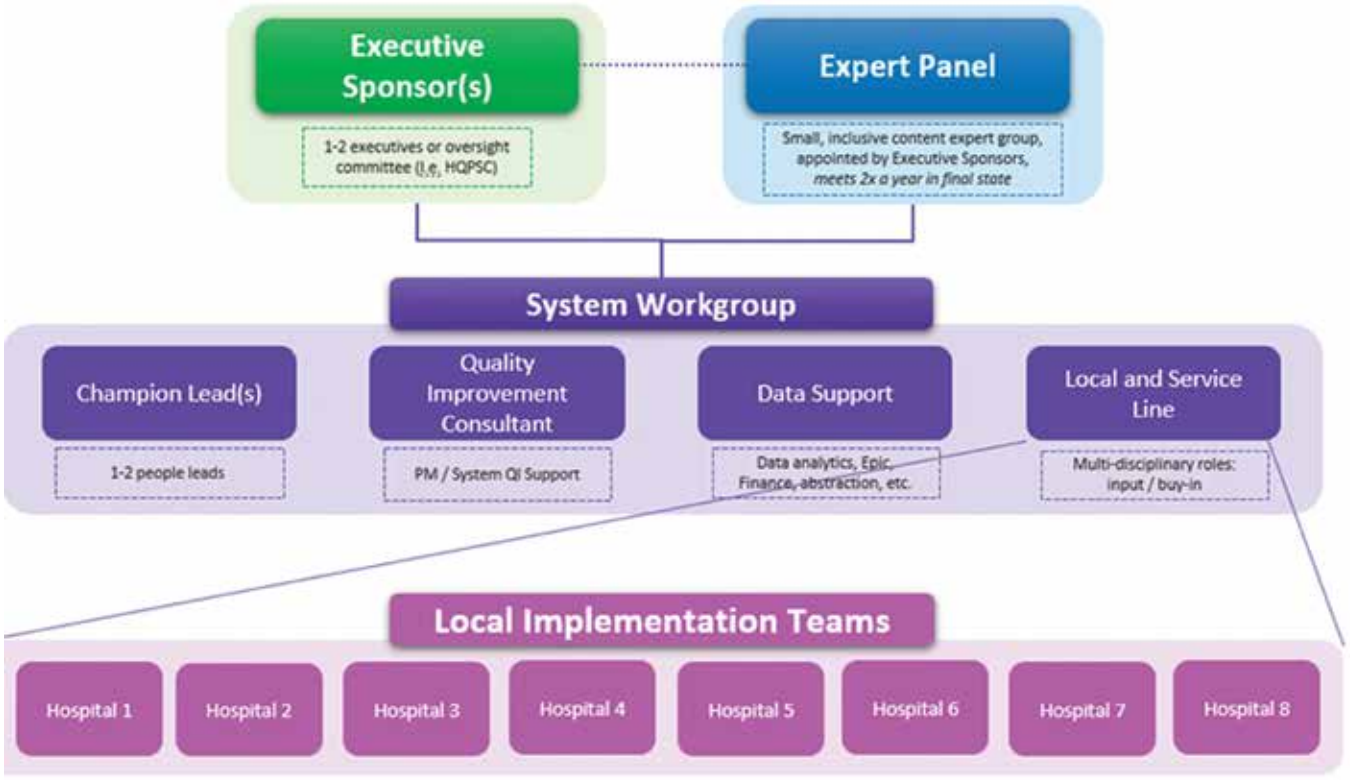
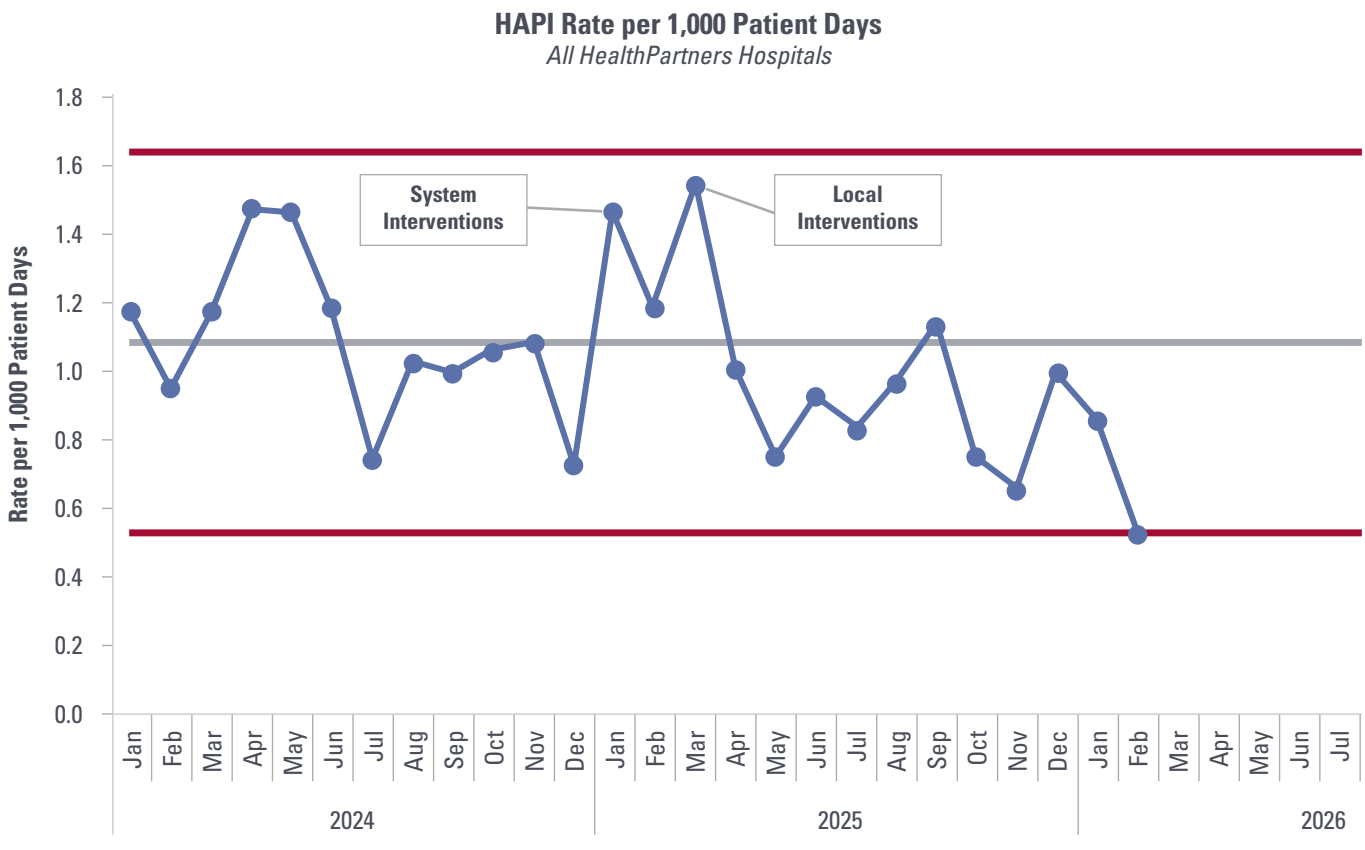


FIGURE 2: System HAPI Performance



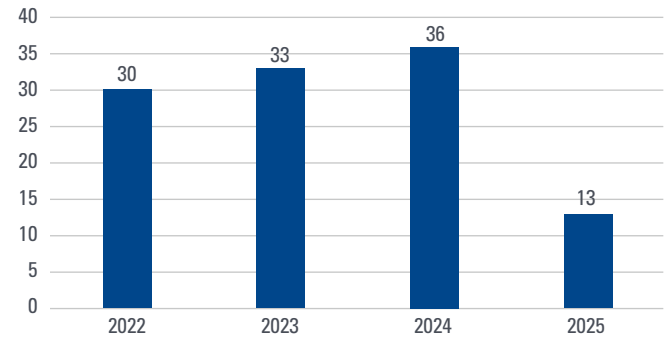
on admission and for dual skin assessments on transfer. Initiatives included:

- Systematized nursing order sets
- Updated electronic health record Braden risk scoring to prompt individualized interventions targeting patient risk
- Implementation of skin tone documentation, assessment practices, and provided education to enhance health equity
- Creation and implementation of a system policy on risk and skin assessments
- Creation of new reports to improve nurse leader line of sight to process metrics
- Education provided to more than 4,900 team members
- Updated electronic health record flowsheet options to reduce duplicative documentation

One hospital's success

The Methodist Hospital local HAPI committee aligned with the standardized system charter and guidelines in July 2025. That year, Methodist decreased its reportable stage 3, stage 4 and unstageable HAPIs from 36 to 13 in just one calendar year (*Figure 3*).

FIGURE 3: Methodist HAPI Reportables



Four key interventions contributed to the reduction:

- Post-HAPI Huddle
  - » The HAPI Committee team leaders, in collaboration with the wound, ostomy and continence team and nursing practice team, reviewed each HAPI event and sent an email to leaders outlining opportunities for improvement, suggestions to prevent progression and interview questions for team members to better understand the HAPI occurrence. This real-time guidance helped leaders implement appropriate interventions, enabling patients to receive necessary care quickly and reduce the risk of HAPI progression.
- Skin Assessment Project
  - » Attached daily skin safety forms outside each patient room, which created accountability for care teams.
  - » Required staff to use the form to document completion of head-to-toe skin assessments, including device checks.
  - » Leaders audited safety forms and followed up with staff on missed actions and opportunities for improvement.
- Skin Assessment Competencies
  - » The nurse managers, practice and education teams led skin competency checks for all hospital nurses.
  - » New hires demonstrate skin assessment competency during orientation.
  - » These competency checks reinforced best practices, including skin tone best practices, supported nurses who may not have received formal head-to-toe skin assessment training and provided just-in-time coaching.
- Adult Brief Reduction Project
  - » One of our shared governance care councils, the Quality of Care Council, led an adult brief reduction project that:
    - – Removed briefs used for incontinence from nurse servers.
    - – Provided targeted education on the importance of reducing brief usage.
    - – Addressed cultural norms around routine brief use for patients in bed.

Several skin safety interventions were implemented simultaneously, aimed at meaningfully challenging and improving our culture. The team deliberately engaged shared governance to take on components of this work, avoiding duplication of efforts already occurring at the hospital level. Through the projects, the team learned that nurses understood the expectation to complete head-to-toe skin assessments, check under devices and regularly turn patients; however, there were still gaps in consistent execution. These interventions reinforced best practices, improved accountability and helped establish a stronger culture of care reliability.

Lessons learned

Lessons learned from the development of the HAPI system roadmap and the subsequent implementation of its recommendations at Methodist Hospital yielded important insights at the system and local levels. These lessons highlight the structures, strategies and leadership behaviors enabling meaningful improvement and sustained change.

System-Level Lessons

- Ensure system standardization to accelerate improvement, implementation and support high reliability.
- Establish bidirectional flow of information between the local committees and the system committee.
- Conduct frequent data reviews to focus efforts on areas with the highest opportunity for immediate impact.
- Utilize quality improvement tools and process observations to drive the work.
- Apply the hierarchy of actions to drive strong, sustainable improvement plans.

Hospital-Specific Lessons

- Maintain visible and sustained senior leader sponsorship.
- Ensure clear and consistent alignment with strategic direction.

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Advancing Health in America

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- Embed interventions into Leader Standard Work to promote consistency and accountability.
- Engage nurse managers early to shape interventions and drive success.
- Involve front-line team members through shared governance or other methodologies for full adoption and effectiveness.

By aligning systemwide best practices with strong local leadership and front-line engagement, Methodist Hospital demonstrated that meaningful reductions in HAPIs are achievable. The standardized HAPI roadmap created a sustainable framework for accountability, collaboration and reliable care practices. ◆

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AHA Events

Delivering Value: Creating ROI-Informed Practice Through Shared Governance

Lenore Reilly, PhD, DNP, RN, NEA-BC
Beth Jameson, PhD, RN, CNL, FNASN

Engaging nurses across all levels and care settings is essential to improving outcomes for patients, families, care teams and healthcare organizations. Variations in care delivery, processes and organizational structures make this engagement even more critical. Avoidable pay-for-performance penalties, patient and family pain and suffering, and impacts on organizational reputation underscore the importance of nurse engagement in improvement processes (Brennan & Wendt, 2021; Centers for Medicare & Medicaid Services, 2023).

An area of opportunity lies in engaging nurses in measuring the return on investment (ROI) related to planned performance improvement. Explaining the ROI is necessary to justify funding, executive-level and financial support, and engagement of other nurses and stakeholders related to the improvement plan.

Initially, what may be perceived as "soft" ROIs can be translated into the more traditional "hard" ROIs over time. While hard ROIs yield cost savings, cost avoidance or revenue increases, soft ROIs include non-monetary benefits such as improvements in staff engagement, improved resilience, strengthened reputation and strengthened patient-centered care. Although these effects may seem less tangible initially, these initiatives may have long-term, favorable financial impact, improve patient safety and drive long-term organizational success.

Supporting and preparing nurses to recognize and articulate both hard ROI and the long-term value of soft ROI is crucial for demonstrating the full impact of nursing-led quality improvement initiatives. At Atlantic Health, based in Morristown, N.J., the Shared Governance Research and Innovation Council has created the Evidence-based Practice (EBP) Innovators Program, to equip clinical nurses with the skills needed to conduct performance improvement and EBP, while also teaching them how to project and communicate the ROI associated with their improvement work.

Building on this foundation, Atlantic Health has intentionally positioned shared governance and structured EBP programming as the mechanism through which nursing inquiry is developed, supported and translated into organizational value. Rather than viewing improvement work as a series of isolated projects, this approach creates a coordinated system where front-line nurses are equipped not only to lead change, but to also articulate its broader impact.

Many organizations generate strong nurse-led improvement work, yet lack the infrastructure to consistently support, evaluate and disseminate these efforts. Without alignment to shared governance or formal programs, projects may remain siloed, limiting their broader impact.

Common challenges include:

- Limited integration of projects within shared governance structures
- Inconsistent mentorship and project oversight
- Difficulty translating outcomes into organizational value
- Lack of visibility beyond the unit level

These gaps reflect the absence of a coordinated system that connects inquiry to organizational priorities. At Atlantic Health, shared governance serves as the coordinating structure that links front-line nursing work to strategic priorities, dissemination pathways and emerging expectations around ROI projections.

Foundation for inquiry

At Atlantic Health, shared governance is not simply a leadership model — it is the operational foundation for nursing inquiry. Councils create a formal pathway for advanced practice nurses, direct care nurses and nurse leaders to identify problems, collaboratively develop solutions and bring forward work that aligns with strategic priorities.

Within this structure, the EBP Innovators program, which began in 2018, serves as a key driver of nurse-led innovation. The program provides:

- Structured education in evidence-based practice
- Mentorship and project guidance
- Clear expectations for dissemination with analysis of the implications for nursing practice
- ROI
- Integration with shared governance councils

This approach ensures that projects are not isolated efforts but part of a coordinated system linking nursing inquiry to patient outcomes, workforce experience and organizational performance.

Developing ROI skills

While EBP and quality improvement (QI) are well-established components of nursing practice at Atlantic Health, the ability to

articulate ROI remains an emerging skill. Within the EBP Innovators program, nurses are increasingly supported to think beyond outcomes alone and consider the broader impact of their work (Figure 1).

This includes:

- Translating clinical improvements into cost avoidance or efficiency gains
- Considering workforce implications such as retention and engagement
- Aligning project outcomes with organizational priorities
- Communicating results in a way that resonates with stakeholders

Importantly, this work is framed as ROI projection, not definitive financial calculation. Many nursing-led initiatives generate value through prevention, improved workflows and enhanced engagement — outcomes that may not immediately translate into direct cost savings but represent meaningful organizational benefit over time.

By embedding ROI thinking within shared governance and EBP programs, nurses begin to see their work not only as clinically meaningful, but as strategically essential.

FIGURE 1: Five Questions to Guide ROI-Informed Practice

1. What organizational priority does this project address?
2. What outcomes will demonstrate improvement?
3. How will these outcomes be measured?
4. What operational or workforce implications might result?
5. How will the results be communicated to stakeholders?

Connecting shared governance to ROI

When nursing inquiry is embedded within shared governance, the connection between improvement work and ROI becomes more visible. Projects developed through EBP Innovators and other shared governance council structures often influence multiple domains simultaneously (Figure 2):

- Quality and Safety: Improved adherence to evidence-based practices reduces complications and enhances reliability in care delivery.
- Workforce Experience: Participation in shared governance and EBP programs strengthens engagement, professional growth and retention.
- Operational Efficiency: Standardized workflows and improved coordination reduce variation and inefficiencies in care delivery.
- Financial Stewardship: Prevention of adverse events, improved throughput and reduced turnover contribute to cost avoidance and resource optimization.

Framing these outcomes as ROI projections allows nurse leaders to communicate the full value of nursing work without overstating financial impact. It shifts the conversation from isolated project outcomes to a broader understanding of nursing as a driver of organizational value. Advancing ROI-informed practice requires intentional connection between shared governance structures and organizational priorities. This includes strengthening council engagement and embedding expectations for measurement, dissemination and ROI projection into EBP work.

At Atlantic Health, the EBP Innovators program provides a structured, mentored pathway for nurses to translate clinical questions into evidence-based projects aligned with organizational priorities. While program models may vary, the underlying principle remains the same: nurses require infrastructure, mentorship and clear expectations to move from inquiry to impact.

Equally important is developing a shared understanding of how to communicate the value of nursing work. When outcomes are translated into ROI projections, nursing inquiry becomes more visible and more influential in organizational decision-making. In this model, advancing practice is not the responsibility of a single role or group. It is a function of the system, one in which shared governance, structured programs and organizational priorities work together to support, evaluate and sustain nursing innovation.

FIGURE 2: HAPI Case Study: Showing the Value of Prevention

Clinical Challenge

Hospital-acquired pressure injuries (HAPIs) remain a costly and preventable harm, often linked to missed repositioning and inconsistent bundle adherence.

Intervention

A nurse-led initiative implemented a dedicated Turn Team (RN + Nursing Assistant) to:

- Perform Q2 repositioning
- Standardize prevention bundle implementation
- Improve documentation and early skin assessment

Why It Matters for Quality

- Pressure injuries signal breakdowns in care reliability
- Prevention aligns directly with patient safety and quality goals
- Standardized workflows reduce variation in care delivery

Return on Investment

- Estimated cost per HAPI: ~$18,000*
- Preventing even 1–2 injuries offsets staffing costs
- Additional value includes:
  - » Reduced length of stay
  - » Improved patient outcomes
  - » More reliable nursing workflows

Why This Matters

Framing this work as an ROI projection shifts the conversation from doing the right thing to demonstrating its organizational value. Prevention efforts such as this illustrate how nursing-led initiatives contribute to quality, workforce efficiency and financial stewardship.

* Chaboyer et al., 2024

Implications for practice

As expectations for accountability and value continue to grow, nursing's contribution to organizational performance must be clearly articulated. Shared governance structures and programs such as EBP

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Sip on Safety: Enhancing Safety Culture One Mocktail at a Time

Brennon Quick, MSN, RN
Erik Martin, DNP, RN, CENP, FAONL

"Let's grab a drink."

A simple human phrase that carries meaning. It signals connection, openness and a space where people feel safe to share and engage in conversation. In healthcare, those same elements are vital but difficult to create amid high-acuity, fast-paced environments and an ever-changing health care system. Yet it is exactly what is needed to build psychological safety and strengthen a culture of patient safety. Patient safety is tied to human behavior. What if we tied the human connection of sharing a drink to patient safety?

To make an error is to be human. The Institute of Medicine first published *To Err Is Human* in 2000. Since then, healthcare's highest priorities have been reducing medical errors and enhancing safety culture while recognizing the human component of patient safety (Kohn, 2000). Prioritizing the work environment in which nurses practice can directly impact patient safety and patient outcomes, a concept further established with the Institute of Medicine's release of *Keeping Patients Safe: Transforming the Work Environment of Nurses* (Page, 2004). These publications sparked conversations on safety culture that remain ongoing today.

Norton Children's Hospital, Louisville, Ky., is a 300-bed freestanding pediatric acute care facility and a Level I pediatric trauma center, with more than 50,000 emergency department visits each year. While safety reporting is essential to identifying risks and preventing harm, meaningful follow-up was inconsistent. Safety events and good catches (also known as near misses) were underreported, highlighting the need to strengthen safety culture. The Agency for Healthcare Research and Quality defines a near miss as an unplanned event or error that had the potential to cause patient harm but did not reach the patient. Also known as a "good catch" or "close call," it serves as a critical indicator of latent system failures.

A clear opportunity emerged to strengthen safety culture by making safety conversations more accessible, engaging and psychologically safe for direct caregivers.

Transforming safety culture

In response, Sip on Safety was developed as a quality improvement initiative designed to transform safety culture by bringing safety conversations directly to the front line in a way that felt engaging and approachable. The concept was simple. Leaders rounded in the department with a mobile cart, serving a safety-themed mocktail while facilitating short, safety-focused conversations.

Staff at Norton Children's Hospital participate in Sip on Safety, an initiative to increase reporting of near misses and enhance the safety culture.

The use of a mocktail was intentional. It was inviting and created a moment that was different from the usual flow of information and education. This approach transformed safety report follow-up into a leader-led, engaging, front-line-centered experience. Each session was built around a safety theme, trend or significant finding within the safety reporting system.

Creative mocktail names were chosen to capture attention, attach familiarity and reinforce the safety topic, helping make the learning more memorable and fun. For example, the Ready-for-Dispo-Rita focused on disposition readiness and the importance of ensuring patients were prepared for transition to the next care team or safe discharge. The Insuli-nade centered on medication safety with insulin, emphasizing education related to diabetes management in the emergency department. These themed mocktails helped translate safety concepts into something tangible, tasteable and easy to recall. This approach aligns with the evidence suggesting that multisensory learning, which engages multiple senses such as taste and sight, can enhance attention, memory and knowledge retention (Shams & Seitz, 2008).

Safety discussions also incorporated shared learning from other safety reports surfacing smaller trends or important education

points, further reinforcing key messages and expanding the overall session impact.

At the same time, system safety initiatives used across the organization were intentionally woven into learning and reinforced in real time. These included featured error prevention strategies such as Stop and Resolve and STAR (Stop, Think, Act, Review). Integrating these strategies into Sip on Safety conversations helped align system-level safety efforts with front-line practice, making them more visible, relevant and easier to apply.

An added component of Sip on Safety was meaningful recognition. A Sip on Safety Superhero was created to highlight a good catch member of the interprofessional team, which was displayed on the cart as a role model for safety. The story of harm prevented was shared, the error prevention strategy was highlighted and a picture of a team member was included to celebrate safe behaviors and reinforce a strong culture of safety.

Lastly, before a leader served a drink, employees answered trivia questions related to the learning objectives. These ranged from reflective questions such as "What have you done to keep patients safe today?" to true-or-false questions and more complex medication-dosing scenarios specific to the session's learning objectives. This range of questions reinforced every discipline's commitment to safety and ensured the experience was inclusive of anyone who engaged with the mocktail cart.

Barriers

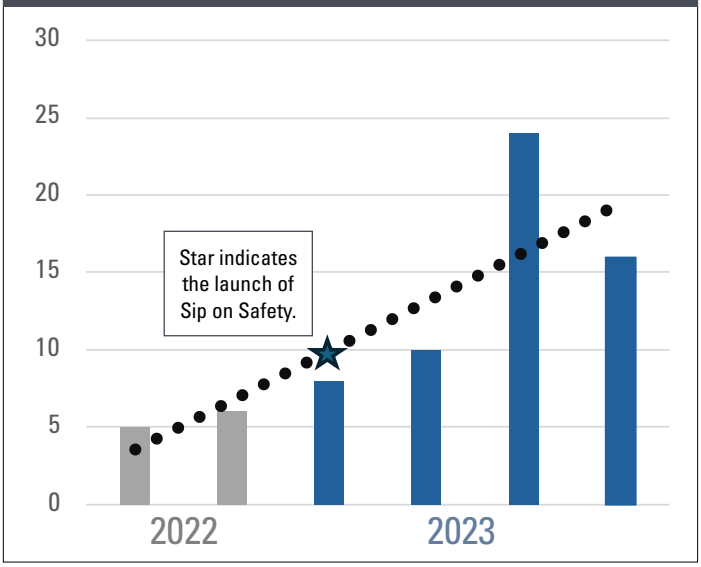
As with any practice change, implementation was not without challenges. Available time was the primary concern. In a busy emergency department and Level I trauma center, even brief interruptions can be difficult to manage. This was addressed by intentionally planning implementation during all shifts without a specific time but when it worked best for the department, keeping sessions brief (around 10 minutes) and bringing the initiative directly to staff rather than requiring staff attendance. Leaders incorporated situational awareness and emotional intelligence in implementation, adapting timing based on unit conditions and avoiding periods of high acuity. This ensured the initiative was perceived as supportive rather than disruptive.

Staff were accustomed to a more individual and traditional approach to safety report follow-up, and the introduction of the mocktail cart was different. However, curiosity and excitement outweighed hesitation. Sustainability required transitioning from a monthly to a quarterly cadence to allow time to identify trends and develop education.

Outcomes

Sip on Safety was conducted strategically to reach the maximum number of the interprofessional team in the emergency department. Good catch reporting increased significantly, with average monthly reports rising from 1.8 to 8 within nine months of implementation. Overall safety reporting increased by 19% the year following implementation. This improvement was sustained over subsequent reporting periods. (Figure 1)

FIGURE 1: Good Catch (Near Miss) Reports



Beyond the data, the cultural impact was clear. Conversations about safety became easier to have and better integrated into everyday work. Staff were more willing to engage, ask questions, report concerns and share experiences. Leaders became more visible and accessible, strengthening connections with front-line teams.

Feedback from staff was overwhelmingly positive. Staff recognized Sip on Safety as filling knowledge gaps, being fun and memorable, nonpunitive and instrumental in changing culture. Safety reporting began to feel less like an individual task and more like a shared responsibility reflective of a broader shift in safety culture.

Insights from implementation

Sip on Safety was adopted hospital-wide during National Patient Safety Week in 2024 and has since spread to other departments and facilities within the organization. The concept has been effective because it addresses both the human and system components of patient safety by intentionally combining the two. It created space for connection in an environment where time is limited and brought leaders directly to front-line staff in a consistent and visible way. The approach reinforced learning through conversation, storytelling and practical application of error prevention strategies while ensuring recognition remained a core component. This initiative demonstrates that low-cost, relationship-based interventions can meaningfully influence safety culture and reporting behaviors, particularly in high-acuity environments where traditional education methods may be less effective.

Looking ahead

While results were encouraging, this initiative was not formally studied, and elements such as leader presence and rounding were not independently evaluated. Future opportunities include exploring how multisensory learning and intentional leadership behaviors influence engagement, psychological safety and reporting practices.

Healthcare has long recognized that errors are a part of being human. The challenge remains creating a culture in which people feel safe to talk about errors, learn from them and improve together.

Sometimes, enhancing safety culture begins not through a new policy or training, but with connection, leadership presence and intentional moments of engagement — even over a mocktail.

Cheers. ◆

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Delivering Value: Creating ROI-Informed Practice Through Shared Governance

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Innovators provide a pathway to align front-line inquiry with strategic priorities and create consistency in how work is developed, evaluated and shared. This work requires more than engagement — it requires structure. Integrating expectations for outcome measurement, dissemination and ROI projection into EBP and shared governance ensures that nursing inquiry is both supported and visible.

When these elements are aligned, nursing work becomes easier to evaluate, communicate and sustain. Time invested in EBP, mentorship and shared governance is not ancillary — it is foundational to improving care, supporting the workforce and advancing organizational goals. Advancing ROI-informed practice positions nursing as a critical contributor to organizational strategy and performance. ◆

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AHA Events

HOT TOPICS

The Precious Prints Project: Comforting Families Who Experience the Loss of a Child

Jeanne B. Jenkins, PhD, MSN/MBA, RN, FNAP
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At the University of Tennessee College of Nursing in Knoxville, a student-led initiative, called the Precious Prints Project (PPP), seeks to provide comfort to families who have experienced the death of a child. Students serving on the PPP leadership team engage in nursing as a caring profession while developing leadership skills, such as collaborating with healthcare professionals, fostering personal growth and participating in community engagement and learning opportunities.

Grieving the death of a child is a deeply emotional and often isolating experience that can significantly affect families. Parents may face feelings of guilt, anger and emptiness, which can strain relationships and disrupt daily life. The mourning process often extends beyond the immediate loss encompassing the unfulfilled milestones. Society's difficulty in fully acknowledging such losses frequently leaves grieving parents in silence.

Literature supports memory-making activities during perinatal loss as healing interventions (Miller et al., 2014). Transitional objects serve as physical reminders allowing individuals to maintain an emotional connection with their loved one even after death. Providing transitional objects has long been recognized as an effective way to help grieving families heal (Capitulo, 2005; Værland, 2025). These keepsakes offer parents enduring memories of their child, help them navigate their grief and provide comfort during an otherwise overwhelming time.

Nurses and other members of the healthcare team provide support for the family while they say goodbye to the child (Miller et al., 2014). Fernández-Basanta and colleagues (2020) described nurses' experiences of caring for families after infant loss as "caring in the darkness", with darkness symbolizing the emotional state of grieving parents. Fowler et al. (2023) found that while nurses often struggle with what to say or do during times of loss, they have a strong desire to communicate and support families. To avoid stumbling in this darkness, nurses often focus solely on tasks and avoid deeper emotional connections with families (Fernández-Basanta et al., 2020). The Precious Prints Project (PPP) originated from a nurse's desire to comfort grieving parents by providing a meaningful keepsake fostering connection with their lost child (Miller et al., 2015). The PPP provides an avenue for nurses to move beyond task-oriented care, offering a light in the darkness through compassionate support.

Healing through transitional objects

In 2011, an RN watched a young mother leave the hospital with nothing tangible to validate her birth experience. This event left the nurse feeling empathy for the mother and a strong desire to make a difference in the lives of those who experience the death of a child. In 2012, this nurse, who was a faculty member at the University of Tennessee College of Nursing (CON) in Knoxville, established a collaboration with a local artisan vendor and the program was launched in partnership with a regional children's hospital.

The PPP transformed into a student-led initiative that seeks to provide comfort to families who have experienced the death of a child. The program offers families a silver fingerprint charm as a tangible keepsake. After the death of a child, the nurse will ask the family if they would like a remembrance charm. If so, the nurse or chaplain will use the clay mold provided in the kit and make a fingerprint of the child. The mold is mailed to the vendor who creates the pendant, which is then sent to the family. While nothing will take away the pain of the death of a child, the charm is a tangible memory, physically touched by the infant. Additionally, Værland and colleagues (2025) found that parents view such tangible objects as affirming parenthood and evidence that the infant existed as a family member.

Role of student nurses

Student nurses play an integral role in leading the PPP. Leadership team members — comprising five senior and five junior nursing students — are selected through an application process conducted by the current student leaders. A CON faculty member serves as a faculty coordinator for the student leadership team, providing guidance for communication and facilitating partnerships. Students lead training sessions on how to make a Precious Print for hospital staff during orientation, skills days and annual professional development sessions. The student team trains nurses in various specialties, including labor and delivery, pediatric and neonatal intensive care units and emergency departments. The team educates staff about the steps of creating the charm, utilizing training kits. Students also participate in collaborative research projects and clinical applications related to caring for grieving families (Miller et al., 2015) to monitor the project's impact. The team has shared their project methods and results at regional and national conferences. Serving on the PPP leadership team allows students to engage in nursing as a caring profession while developing leadership skills, such as collaborating with healthcare professionals, fostering personal growth and participating in community engagement and active service learning opportunities.

Funding and community engagement

The PPP is funded through donations from private organizations and individuals who have experienced infant loss or know someone affected by it. As part of the leadership team, nursing students hold fundraisers and collect donations to provide kits at no cost to the grieving family. For example, students raise money through the annual Sprint for the Prints race. This 5K run/walk is an opportunity for friends, family and community partners to come together to raise money to continue to support this endeavor. The student leadership team organizes the event and volunteers, in collaboration with the CON Center for Nursing Practice staff and the PPP faculty coordinator. Additionally, the student leadership team creates and sells PPP merchandise for fundraising and promotion of the project with the community and beyond.

Each October, the PPP collaborates with the health department and other local partners to host an event commemorating Pregnancy and Infant Loss Awareness Month. The student leadership team, PPP faculty coordinator and CON Center for Nursing Practice staff participate in the coordination of this event. This event not only raises awareness but also fosters community solidarity around bereavement care.

Sustainability and growth

The PPP team partners with healthcare facilities and nursing programs to provide fingerprint kits for families. Currently, the PPP is active in 10 partner hospitals across the region, providing fingerprint kits and training to healthcare professionals within each organization. Recently, the program has established a national partnership with a nursing program, providing an opportunity for student leaders to train other nursing students to lead similar initiatives in their regions. These partnerships ensure that families experiencing infant loss receive compassionate care and tangible keepsakes. To date, more than 2,400 silver fingerprint charms have been crafted and delivered to grieving families, offering them a lasting memory of their child.

The PPP can extend its reach by partnering with additional healthcare organizations nationwide. This expansion would require increased funding for fingerprint kits, training programs and logistical support. By partnering with more nursing schools across the country, the PPP can train a larger pool of student nurses to lead initiatives in their communities. This would amplify both the impact on grieving families and its role in shaping compassionate nursing practices.

The PPP aims to contribute to bereavement care nationally by providing tangible keepsakes to families across the country while fostering compassionate nursing practices. As it continues expanding its reach within healthcare systems nationwide, the PPP exemplifies how innovative approaches can transform grief into healing pathways for countless families navigating unimaginable loss.

Fostering compassionate nursing

Nurses deeply value the opportunity to offer the PPP to families, as it exemplifies the art and compassion inherent in the nursing profession. This initiative allows student nurses to make meaningful contributions to grieving families while

honoring the lives of children who passed away too soon. Witnessing a mother gently touch her charm while speaking about her child or recalling a cherished memory, however brief, is profoundly rewarding. This simple act reflects the deep emotional connection and healing that the keepsake provides.

For more information about the PPP, please contact the Center for Nursing Practice at the University of Tennessee, Knoxville, College of Nursing at cnp@utk.edu or visit our website at https://nursing.utk.edu/center-for-nursing-practice/. ◆

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Improving Nursing Practice: Implementation of the UMMC Evidence-based Practice Fellowship

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It is widely agreed that evidence-based practice (EBP) is essential to improving the safety and quality of nursing care. Despite the importance, several barriers to incorporating evidence into bedside practice exist. In pre-licensure programs, nursing education has traditionally focused on research instead of EBP, leaving students without comprehensive training before entering the workforce (Melynk et al., 2018). Upon entering the workforce, nurse residency programs incorporate evidence-based practice training. However, there is growing recognition that many organizations don't have the resources or capacity for overseeing a full EBP project, which further limits the development of EBP skills during the first year. Overall, even when EBP is prioritized within an organization, limited EBP competency among team members, few EBP mentors within the organization and ineffective EBP teaching strategies are barriers to incorporating evidence into bedside practice (Melynk et al., 2018; Agnel et al., 2025).

In 2019, the University of Maryland Medical Center (UMMC), with two campuses, underwent an internal EBP competency evaluation to quantify baseline EBP competency among our team members. More than 3,000 team members voluntarily completed the EBP competencies scale, a validated self-assessment of an individual's perceived competency on 13 essential competencies for practicing RNs and 11 competencies for advanced practice nurses (Melnyk et al., 2014). We identified deficiencies in our organization's EBP competency that threatened the provision of quality nursing care. Further, team members who usually serve as EBP mentors, such as nurse educators and nurse managers, reported not yet being competent across all EBP competencies. The literature supported a positive impact of hospital-based EBP fellowship programs on EBP skill acquisition, which was critical for increasing the number of UMMC EBP mentors (Middlebrooks et al., 2016).

UMMC Nursing EBP Fellowship

The UMMC Nursing Evidence-Based Practice Fellowship (NEBPF) aims to improve EBP competency among staff nurses. It is expected that after participating in the year-long fellowship, nursing team members will be well-positioned to lead EBP projects that bring evidence to the bedside and serve as EBP mentors to their colleagues.

Eligibility criteria and selection process

The application cycle occurs once a year. Any nurse who is a clinical nurse II or higher on the professional advancement ladder or in a non-clinical nursing role, employed greater than 0.6 full-time equivalents, in good standing and commits to regular attendance in the fellowship is eligible to apply. For the first cohort, unit nurse educators and nurse managers were targeted for recruitment. Once the application cycle closes, the NEBPF leadership team, including the director of nursing inquiry, the EBP coordinator and a project specialist, review and score applicants based on their interest in advancing expertise in EBP, capacity to mentor other team members in EBP and eligibility criteria. Non-salaried nurses receive paid time to participate in the fellowship program.

Curriculum components

Throughout the year, fellows review the steps of the EBP process as outlined in the Johns Hopkins EBP for Nurses and Healthcare Professionals Model and Guidelines (Bissett, Ascenzi, & Whalen, 2025). Overall, fellows can receive up to 48 hours of nursing professional development credits through completion of the two-day 16-hour bootcamp, followed by 10 four-hour monthly didactic classes on the EBP competencies and EBP mentorship. Courses are primarily taught by UMMC nursing experts with in-kind support from nursing faculty from the University of Maryland, Baltimore. Between monthly classes, fellows conduct full EBP projects in small groups with one-to-one support from a Doctor of Nursing Practice-prepared mentor, as well as previous EBP fellows in a train-the-trainer model.

In 2024, UMMC's NEBPF was determined to meet graduate-level evidence-based practice curriculum requirements by the Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare.

In total, 32 fellows, including four nurse managers, have completed the fellowship program across three cohorts. EBP competency is measured at the beginning and end of the

fellowship using the EBP Competencies Self-Assessment (Melnyk et al., 2014). Perceived competency has improved by 19.7 points on average after participating in the fellowship ($p<0.05$). Notably, improvements in reported EBP competency from our pilot group were sustained during the year following the fellowship (mean difference = 0.25 points, $p>0.05$).

Nurse leader rounding project

This project, which began in April 2023, investigated nurse manager leadership rounding as a strategy to reduce experienced nurse turnover. The project emerged from a recognized gap; while the organization supported transformational leadership strategies, including nurse leader rounding (NLR), standardized resources for implementation were lacking. A critical appraisal of 16 articles identified through a literature search confirmed that transformational leadership is linked to lower turnover and increased nurse satisfaction.

Together, the team designed and piloted a structured NLR program across 16 ambulatory clinics and seven inpatient units over two months. To promote accountability and track progress, an electronic stoplight dashboard was developed to visually display the status of employee concerns and action items identified during rounds. Items were categorized as green (completed), yellow (in progress), or red (on hold or requiring additional intervention), enabling leaders to quickly identify priorities, communicate progress and close the loop on concerns. A leadership rounding guide further supported consistent communication practices. Managers conducted monthly rounds on three to five employees, supported by bi-weekly sessions with the project team to monitor progress and reinforce accountability.

Before the intervention, experienced nurse turnover was 17.5% and 18.4% at each UMMC campus, respectively. During the eight-week pilot, managers conducted 158 employee rounds and submitted 155 stoplight reports. Of those reports, 25% were marked completed, 62% were in progress, and 13% were on hold. Managers reported increased interaction with staff and improved people-oriented leadership behaviors following the focused training program. Post-intervention, experienced nurse turnover dropped to 15.7% and increased to 21.1% at each campus, respectively.

The success of the pilot has since informed a broader organizational strategy. UMMC is becoming a highly reliable organization (HRO), with team leadership as a key evidence-based pillar. A standardized nurse leader rounding program and HRO leadership development initiative encompassing electronic tools, comprehensive training and guided team rounds are being implemented. While the stoplight dashboard was developed through an EBP Nursing Fellowship project, parallel work was occurring across the health system to advance HRO principles. This concurrent work reinforced and supported the tools piloted during the project.

The nurse manager who led this project experienced the importance of mentorship firsthand throughout this work. Her commitment to the fellowship continued. Over the next two cohorts, she mentored new fellows with the same standardized frameworks, resources and supportive guidance she received as a fellow. Additionally, the nurse manager supported new graduates in the UMMC nurse residency program through their final EBP projects. The nurse manager noted that watching staff develop confidence in the EBP process reinforced how much structured mentorship accelerates practice change.

Enhancing nurse preceptor satisfaction

Another NEBPF project, led by three unit-based nurse educators in April 2023, focused on enhancing nurse preceptor satisfaction. Preceptors play a vital role in onboarding and developing new nurses; however, shared challenges among educators include preceptor burnout, limited structured resources and variability in support. These challenges informed the practice question, "What are the best methods that unit-based educators can use to increase preceptor satisfaction?"

A comprehensive literature review with 10 relevant articles revealed that structured mentorship, targeted education and ongoing support are key drivers of preceptor satisfaction and effectiveness.

Guided by the literature, a preceptor support group intervention was developed and implemented. The initiative included three 90-minute sessions offered in both in-person and virtual formats to promote attendance. Content was aligned with evidence-based priority topics, including critical thinking, prioritization, teaching strategies, conflict management and teamwork (Chan et al., 2019).

Both novice and experienced preceptors from inpatient settings were invited to participate, fostering a collaborative learning environment and peer mentorship. Barriers such as staff availability were mitigated through flexible delivery formats and cross-campus offerings. Evaluation of the intervention utilized the validated Clinical Preceptor Experience Evaluation Tool satisfaction subscale (O'Brien et al., 2014). Pre- and post-survey data demonstrated improvements in preceptor satisfaction and perceived meaningfulness of the role. Participants reported increased confidence in their ability to support novice nurses and greater engagement in preceptor responsibilities.

The experience in the NEBPF gave the three nurse educators who led the project valuable skills in the identification and implementation of evidence-based interventions, enhancing workforce development and ultimately, clinical practice at the bedside.

Implications for nurse leaders

UMMC's NEBPF experience underscores the importance of equipping nurses with the skills to lead inquiries and translate evidence into practice. Embedding these skills into professional development fosters a culture of continuous learning, collaboration and

innovation at the bedside. Fellowship participants have extended the impact of the program by serving as mentors to subsequent cohorts. This cascading mentorship model has supported the continued integration of EBP across the organization, including mentoring nurses in the nurse residency programs, as well as nurses interested in professional advancement. This initiative has further embedded a culture of inquiry early in clinical practice. ◆

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conversations. The program has led to increased safety reporting, greater leadership visibility and higher staff engagement.

A system quality roadmap has reduced hospital-acquired pressure injuries at Methodist Hospital in St. Louis Park, Minn., helping assess current performance, standardize practices and guide improvement. Melissa Fritz and colleagues describe the roles of a multidisciplinary expert panel that reviews best practices and a system operational workgroup to implement the plan, including the involvement of front-line team members to ensure full adoption and ensure effectiveness.

An evidence-based practice fellowship at the University of Maryland Medical Center in Baltimore is helping incorporate evidence into bedside practice. Moscou-Jackson and colleagues share how the fellowship has strengthened the culture of inquiry and fosters a culture of continuous learning, empowering nurses to contribute to improved patient outcomes.

Across these examples, several themes recur: engaging front-line teams, investing in competency development, using a clear framework and ensuring real-time access to data. Engagement of front-line clinicians and nonclinical staff is essential because quality improvement requires everyone's participation. The AONL Competency Framework provides the competencies needed for nurses to successfully lead quality improvement, because we cannot assume individuals are automatically capable or have the skills needed. Organizations must invest in developing expertise at all levels, so teams have the skills to design, implement and sustain change.

Developing a framework supports standardization and enables teams to monitor performance, hold one another accountable and make timely adjustments based on trends. Equally important, we should design systems that make it difficult to do the wrong thing and easy to do the right thing by reducing reliance on memory and hardwiring safe practices.

Creating a safe place is foundational to becoming a high-reliability organization. Empowering every employee to speak up about safety and quality fosters psychological safety and ensures that concerns are raised and addressed before harm occurs. We must celebrate successes and provide continuous learning until the system becomes more reliable. And we must share our successes and lessons learned broadly, as exemplified by the AONL-AHA Learning Community.

Throughout my career, I have led and supported numerous quality initiatives within the health system and while serving on the Connecticut Hospital Association's quality committee. Successful programs are built on evidence, supported by systems that enable clinicians and informed by honest examination of bias and process failure. Continuous cycles of improvement and shared learning create durable change.

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