NURSING STRATEGIC PLAN
2015 – 2016

UK HealthCare®
I believe patient/family-centered care is our core element

We show our belief in patient- and family-centered care by:

- Telling our patients what care we are providing and why it will help them
- Explaining their medications
- Involving our patients and their families in Bedside Shift Report (BSR)
- Ensuring our patients are safe by monitoring Nurse Sensitive Indicators (NSIs) using BCMA
- Getting to know our patients and their needs

I am accountable for decisions and actions

We own our nursing practice by:

- Holding ourselves and each other accountable
- Knowing and owning our patient data
- Being on a Shared Governance Council or taking identified projects to a council
- Asking ourselves “how can we improve the care we provide?”

I am a leader committed to Evidence-Based Practice (EBP)

I am a leader when:

- I am at the bedside caring for my patients and their families
- I coordinate the care of my patients
- I collaborate with the clinical nurse specialist and others to make changes in nursing care based on the evidence

I am empowered to ask, act and decide

I ask, act and decide when:

- I work with the patient on their goals of care
- I “stop the line” to advocate for our patients and their families
- I am able to escalate concerns to the appropriate team member
- I work to clarify the goals of care with the health care team

I am inspired to learn, innovate and excel

I learn, innovate and excel when I:

- Interact and develop a therapeutic relationship with my patients and their families
- Actively seek opportunities to develop professionally
- Achieve a national certification
- Achieve Nursing Professional Advancement level
- Join/maintain membership in a professional organization
- Pursue advancement of my degree
- Participate in community initiatives
- Precept new staff and students
- Attend a conference related to my clinical area
- Conduct a poster presentation, author a journal article or make a podium presentation.
Our nursing strategic plan is a living document that provides the foundation and the direction for all levels of nursing at UK HealthCare. The strategic plan includes identified objectives that provide nursing with a long-term vision, tactics that focus our daily work, and targets with frequency measures to provide a system of accountability. To ensure that our strategic plan is relevant and timely, input is collected from nursing leadership and our nursing council chairs. Meaning is created when tactics are put into action, targets are met and improved patient outcomes are observed. Our nursing strategic plan serves as a road map to align efforts so that our collective movement positively impacts patient- and family-centered care, as well as the environment of care.

UK HealthCare* and UK College of Nursing leaders encourage interaction at all levels of nursing practice. Ensuring:
- Patient-centered care model
- Evidence-based practice
- Professional development
- Advanced practice in specialty care

Nursing leaders from UK HealthCare and the College of Nursing include, left to right, Colleen Swartz, chief nurse executive; Kathleen Kopser, associate chief nurse executive; Robyn Cheung, director of professional practice and innovation; Terry Lennie, associate dean for PhD studies; Patricia B. Howard, executive associate dean for academic operations and partnerships; Julie Hudson, perioperative services administrator; Patricia Burkhart, associate dean for undergraduate studies; Kathy Isaacs, director of nursing professional development; Gwen Moreland, assistant chief nurse executive; Patty Hughes, assistant chief nurse executive; Thomas Kelly, associate dean for research; Brandy Mathews, assistant chief nurse executive; and Janie Heath. (Not pictured, Lacey Buckler, assistant chief nurse executive)
## 2016 UK HEALTHCARE NURSING STRATEGIC PLAN

### QUALITY AND SAFETY: EMPIRICAL QUALITY OUTCOMES

Create a culture where we use data to support decision making, drive evidence-based practice (EBP), prevent patient harm and optimize patient outcomes at the point of care.

### PATIENT & STAFF EXPERIENCE: EXEMPLARY PROFESSIONAL PRACTICE

Improve the UK HealthCare experience to support patient- and family-centered care and staff engagement.

| Tactics | 1. Communicate accuracy, accessibility and timeliness of the daily rounding report (DRR) to all inpatient nurses and leaders by October 1, 2015  
2. Re-survey the Patient Care Managers (PCMs) and Clinical Nurse Specialists (CNSs) monthly (progressing to quarterly) to solicit ongoing feedback/data collection re: utility/satisfaction with the daily rounding report (DRR) and unit-specific scorecard (USS)  
3. Examine the unit-specific scorecard (USS) with the same rigor as the daily rounding report (DRR)  
4. Integration/coordination of work to the accountable steering teams for Nurse Sensitive Indicators (NSIs), Venous Thromboembolisms (VTEs), Sepsis and hospital-based psychiatric measures  
5. Continue working with AllScripts to populate the ‘Nursing Data Mart’  
6. Continue to monitor and improve accuracy and reliability of the daily rounding report (DRR)  
7. Collaborate with Impact Team to reduce the burden of documentation of quality measures  
8. Design structures to promote best practices across the care continuum to include collaboration with Clinical Quality Specialists (CQSs) and Clinical Nurse Specialists (CNSs)  
9. Patient Care Managers (PCMs) provide real time, individualized feedback to staff regarding clinical quality measures through the use of the daily rounding report (DRR) | 1. Evaluate Mastery Simulation pilot project and determine if appropriate for enterprisewide implementation; evaluate inclusion of bedside shift report (BSR) as a mastery simulation skill  
2. Continue to focus on patient experience packet (revise in January 2016) and include other areas (procedural, Kentucky Children’s Hospital and Spanish); goal to engage patients and families as members of the health care team in an effective discharge planning process.  
3. Provide oversight for patient call-back team and recommend an enterprisewide operational implementation plan  
4. Educate staff on the enhanced role of patients and families in decision making. Review and revise patient experience web-based training (WBT) to include patient and family involvement  
5. Will audit the bedside shift report (BSR) and Patient Experience Packet utilization |

### Nursing Tactics

1. Implement and document components of Nurse Sensitive Indicators (NSIs)/quality bundles  
2. Ask, act and decide about the impact of nursing care in prevention of patient harm  
3. Incorporate unit-specific quality data in service line shared governance councils

### Outcomes

1. Patient Care Managers (PCMs) and Clinical Nurse Specialists (CNSs) will utilize the daily rounding report to inform their work flow and support clinical staff  
2. PCM/CNS satisfaction due to the use of the daily rounding report and unit specific scorecard will improve from baseline survey and over time  
3. Will see 90% compliance with process measures for Nurse Sensitive Indicator (NSI) bundles  
4. All UK HealthCare nursing units will exceed 50th percentile with positive movement toward 25th percentile on all NSIs using the National Database of Nursing Quality Indicators (NDNQI) and UHC database

### Measurement Frequency

1. Monthly monitoring with a progression to quarterly measurements of use and satisfaction of Patient Care Managers (PCMs) and Clinical Nurse Specialists (CNSs) with daily rounding report (DRR) and unit-specific scorecard (USS)  
2. Monitoring through the UK HealthCare enterprise monthly Quality Close

### Team Members

- Judy Poe*, Lisa Thornberry*, Bridget Shepherd, Richard Zerbee, Gwen Moreland, Patty Hughes, Angie Lang, Leah Perkins, Patient Name TBD

*Denotes team lead
**PATIENT & STAFF EXPERIENCE: EXEMPLARY PROFESSIONAL PRACTICE**

**Improved experience for staff: Continued work in implementing Healthy Work Environment (HWE) strategies**

1. Ensure skilled communication teams are implemented in all service lines
2. Team members will facilitate development of skilled communication teams as needed
3. Each service line will report on team actions quarterly
4. Develop algorithms and disseminate information for:
   - Zero Tolerance policy
   - ‘Stop the line’ with escalation to include communication strategies
5. Ensure communication to the bedside nurse on the Healthy Work Environment (HWE)
   - Chief Nurse Executive (CNE) communication
   - Embed in unit weekly notes and CNE Nursing Updates
   - Engage bedside nurses as staff champions of the Healthy Work Environment (HWE)/skilled communication
6. Bedside nurses added to Staff Experience team
7. Involve Magnet Champions and unit-based councils to ensure unit involvement

**Nursing Tactics**

1. Take active role in decisions at the bedside using skilled communication techniques
2. Use of skilled phone communication by stating the unit and your name
3. Use proper chain of command with new medical staff to support their learning
4. Use of SBAR to facilitate skilled, accurate, safe patient handoffs
5. Active use of bedside shift reporting (BSR) to promote communication of care
6. Promote the use of teach back in interactions to ensure understanding

**Outcomes**

1. Monitor Press Ganey/National Database of Nursing Quality Indicator (NDNQI) scores to measure effectiveness
2. Continue to improve the employee engagement workforce commitment score to 4.05

**Team Members**

Lisa Fryman*, Patti Howard*, Shelly Marino, Phillip Eaton, Amberlee Fay, DeeDee McCallie, Kim Wilson, Jessica Porter

**PATIENT & STAFF EXPERIENCE: EXEMPLARY PROFESSIONAL PRACTICE**

**Optimizing our service delivery - supply chain management and pharmacy**

1. Enterprise roll-out of linen initiative to include: EVS tent cards alerting our staff/patients/families of the program, development of staff education, bed cover integrated into current process.
2. Expansion of ‘Big Blue Goes Green’ program to include:
   - Can recycling program education
   - Protected health information (PHI) education for staff, patients and families
3. Continued pharmacy efficiency efforts:
   - Meds to bed program
   - Meds to patient drawer
   - Meds to PYXIS
4. Standardized supply chain management communication plan to also include a standard logo
5. Continued evaluation of isolation gown usage to include considerations around reusable versus disposable gowns
6. Ongoing supply room management to include process for monitoring:
   - Expiration dates
   - Nursing evidence-based practice products
   - High-dollar/high-usage items
   - Quarterly reviews of supply rooms
   - Redundancy with the frequently called items not regularly stocked

**Nursing Tactics**

1. Will take an active role in educating our patients’ and their families about our ‘linen and go-green initiatives’.
2. Will be mindful of enterprise recycling efforts
3. Will be mindful of protected health information (PHI) and will educate our patients and families on how to protect their own PHI
4. Will be a good steward of resources
5. Follow up with identified patient allergies for accurate prescription of medications

**Outcomes**

1. Reduction in our linen pounds per patient day as well as a reduction in water consumption
2. Staff knowledge around linen, ‘go-green’ and supply chain initiatives
3. Improved medication delivery to nursing units and patients
4. Improved staff satisfaction around having the ‘materials I need to do my job’
5. Reduction in calls to Materials Management by UK HealthCare staff

**Team Members**

Sherri Dotson, Lorra Miracle, Julie Deverges*, Julie Blackburn*, Becky Garvin, Philip Almeter, Joe Caban, Audrey Yates

**Measurement Frequency**

1. Update list of current council officers annually
2. Survey staff using the “Conditions of Work Effectiveness Questionnaire-I”
3. Will repeat the annual congress
4. Newsletter to be released at least twice per year
# 2016 UK Healthcare Nursing Strategic Plan

## PATIENT & STAFF EXPERIENCE: EXEMPLARY PROFESSIONAL PRACTICE

**Empowerment of nursing staff through continuing to integrate the principles of shared governance (SG) and professional practice models into the nursing culture at UK Healthcare**

### Tactics

1. Continue to share the success of our councils through the Shared Governance (SG) newsletter and Annual Congress
2. Invest in strategies to educate staff in their understanding of the Professional Practice Model (PPM) and how it aligns to their daily practice; Session at nursing quarterly session
3. Seek opportunities for further development of Shared Governance at UK Healthcare; Use Employee Engagement comment themes to drive future endeavors
4. Integrate Shared Governance (SG) in Behavioral Health across the enterprise
5. Consider opportunities/challenges in incorporating Ambulatory Services in the Shared Governance structure — adapting to service line operating model
6. Consider the logistics of moving toward an interdisciplinary model of Shared Governance to support the service lines

### Outcomes

1. Actively participate in the Shared Governance process by serving on a council or sharing with service line or enterprisewide councils initiatives to improve the provision of care.
2. Proactively seek the evidence to support changes in practice or to support current practice.
3. Assume accountability for nursing practice and the ability to have input into the decisions that affect the work at the bedside.
4. Have the ability to speak to the Professional Practice Model (PPM) and the graphic model and how it is displayed in our everyday practice

### Measurement Frequency

- Update list of current council officers annually
- Survey staff using the “Conditions of Work Effectiveness Questionnaire-I”
- Will repeat the annual congress
- Newsletter to be released at least twice per year

### Team Members

- Robyn Cheung*, Kathy Isaacs, Becky Garvin, Shannon Haynes, Tanna McKinney

## MANAGEMENT STRATEGY: TRANSFORMATIONAL LEADERSHIP

**Growth management**

### Tactics

1. Re-energize the UK Healthcare Enterprise Throughput Team
2. Establish a process for managing outpatient same day admits (OPDAs) through a service-line specific approach
3. Move Pulmonary/Medicine service line to Pavilion A 9/10 and repurpose 5th and 6th floors in Pavilion H
4. Continue to meet our interfacility transfer requests
5. Continued growth of the UK Healthcare Good Samaritan Hospital census

### Outcomes

1. Meet timing standards for transfers into the UK Healthcare enterprise
2. Give report when beds are ready; receive report when called; follow operation pull guidelines
3. Submit discharge order immediately upon patients departure
4. Staff input on care model variation including skill mix

### Measurement Frequency

- Re-energize the existing Throughput Team of clinicians and support staff and engage this team in scrutinizing our performance in moving patients through the enterprise. This will be done through monthly review and analysis of established benchmarks and quick response to erosions in performance.
- Daily measurement of flow effectiveness through PACU holds and PACU boarding with reporting up through OR Executive Team if smoothing of, or modifications to OR schedule needs to occur
- All Medicine patients and Medicine ICU patients will move by established move date. All Pavilion H beds will be reopened by established backfill date
- Monitor with daily Lost Transfer report from Capacity Command Center and benchmark year over year with monthly transfer report
- GSH growth will be monitored through monthly report used to analyze successful optimization of available capacity (number of red occurrences, ADC and over/under triage of patients, etc.)

### Team Members

- Tish Haney*, Kathy Semones, Lisa Counts, Julie Hudson, Pam Lane, Kathleen Kopser
### 2016 UK HEALTHCARE NURSING STRATEGIC PLAN

#### MANAGEMENT STRATEGY: NEW KNOWLEDGE, INNOVATION AND IMPROVEMENTS

**Leveraging technology to promote innovative solutions to evidence-based care and communications**

<table>
<thead>
<tr>
<th>Tactics</th>
<th>1. Develop innovative solutions to enhance communications:</th>
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<tbody>
<tr>
<td></td>
<td>• Among providers and nurses: Design the communication flow utilizing innovative technology. Implement Phase I of the unified communications strategy to coordinate provider/nursing communications and demonstrate improved efficiencies.</td>
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<td></td>
<td>• Among nurses and patients: Enhance the integration of KRAMES within the EMR platform(s). Identify linkages to the patient portal for nurse-driven patient education</td>
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<td>2. Extend paperless initiative: A. Implement electronic documentation within procedural areas and other identified paper locations. B. Complete the BCMA roll-out extended into FY16 for all patient care areas. C. Hardware evidence-based practice and resources within the EMR (CPGs, other references). D. Prioritize and complete identified device integration gaps and CRRT. E. Hardware usability review in all designs impacting nursing documentation through the IMPACT demand management program.</td>
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<td>3. Technological solutions for transitions of care:</td>
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<td>• Evaluate the ability to pull in the EMS documentation, run sheets, into the UKHC EMR.</td>
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<td>• Implement utilization of the CCDA (Continuity of Care Document Architecture) as a modality for data sharing to transferring facilities.</td>
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<td>• Complete the implementation and evaluate effectiveness of the software product, care management dashboard framework.</td>
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<td>4. Develop a program for monitoring patient safety from technology error surveillance</td>
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<td>• Incorporate FMEA process in support of the alarm management strategy</td>
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<td></td>
<td>• Develop a baseline monitoring system for errors related to IT and report within the nursing dashboard framework</td>
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<td>• Collect data from errors and implement continuous improvement activities based on trends.</td>
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#### Outcomes

1. Each and every patient will have one (1) clinical practice guideline (CPG) documented per admission with the admission assessment
2. Improve communication between team members
3. Unit councils will be engaged in design processes

#### Measurement Frequency

1. Conduct point prevalence this year for use of clinical practice guidelines (CPGs)
2. Electronic ticket to ride every patient every time
3. Employee engagement survey will show improved perception of communication between care teams in the next cycle
4. Unit councils will report out monthly regarding technology changes and user interface effectiveness

**Team Members:** Carla Teasdale*, Patti Howard, Lisa Thornsberry, Philip Eaton, Jill Blake

### MANAGEMENT STRATEGY: EXEMPLARY STRATEGIC PROFESSIONAL PRACTICE

**Interprofessional strategic maturation**

<table>
<thead>
<tr>
<th>Tactics</th>
<th>1. Mature/improve collegial relationship with physician partners by participating in service line model, continued work with BOOST, coordination of interdisciplinary performance goals into annual performance evaluation (PE) process, interdisciplinary rounding</th>
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<tr>
<td></td>
<td>2. Mutualistic relationship with the University of Kentucky College of Nursing</td>
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<td>3. Support evidence-based practice (EBP) collaboration through education and clinical practice</td>
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<td>4. Showcase the collaborative work of the college and UK HealthCare</td>
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<td>5. Continue to leverage resources between the college and UK HealthCare</td>
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<td>6. Collaborate best practice to support the educational needs of both facilities</td>
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<td>7. Monitor and develop nursing shortage strategies to address issues and explore solutions with the University of Kentucky College of Nursing</td>
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<td>8. Support an Inclusive Care Environment and a diverse workforce</td>
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<td>9. Certification goal:</td>
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<td></td>
<td>• 75 RNs will achieve a national certification in FY16</td>
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<td>10. Timeline goal for achieving 80/20 by 2020</td>
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<tr>
<td></td>
<td>• January 2015-December 2015 (BSN within 5 years)</td>
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<td></td>
<td>• January 2016-December 2016 (BSN within 4 years)</td>
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<td></td>
<td>• January 2017-December 2017 (BSN within 3 years)</td>
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<td>• January 2018-December 2018 (BSN required)</td>
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<td>11. Leader/staff professional development goals annually</td>
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### Outcomes

1. Assume an active role in interdisciplinary rounding
2. Use skilled communication to build relationships with physician partners
3. Proactive use of plain language and teach back when providing care and supporting self-care
4. Contribute to an evidence-based practice (EBP) environment/generate clinical inquiry
5. Actively seek opportunities to promote professional growth
6. Attend offerings on inclusive care environments and diversity trainings to enhance practice and professional relationships
7. Precept new staff/students
8. Achieve and/or maintain a national certification
9. Attend professional development sessions/classes/conferences
10. Pursue an advanced degree in nursing

**Team Members:** Kathy Isaacs*, Colleen Swartz, Janie Heath
### Management Strategy: Structural Empowerment

**Building a collaborative network to ensure safe patient transitions**

| Tactics | 
|---|---|
| 1. Improve care delivery and expand acute care capacity by moving patients to more appropriate settings (SNF, LTACH, IRF, home health, hospice, palliative care, etc) as quickly as health status warrants and evident by reduction in 30-day all cause readmission rates. Achieving national CMS rates for 3 of 5 MS-DRGs. | 1. Utilization of teach-back; understanding of follow-up appointments prior to discharge; teaching to patient/family when to return to the hospital v. MD/clinic |
| 2. Developing an integrated post-acute care network across Kentucky for UKHC patients leading to improved outcomes and efficiency indicated by a LOS Index to 1.0 or less. | 2. Patient/Family Services- conduct initial discharge screenings within 24 hours of admission; Implement social service screening to identify social needs/requirements/hurdles to discharge. |
| 3. Identify and complete preferred partnership agreements with top 10 post-acute care providers by October 2015 and complete agreements with top 25 by January 2016. | 3. Providing patients with a choice and recognition of the preferred provider list |
| 4. Develop a multidisciplinary team to enhance care transition processes associated with inpatient to ambulatory setting, assuring accurate & adequate communication between the settings and patient understanding of scheduled follow-up. Refine care transitions through partnership via the Kentucky Appalachian Transition Services (KATS). | 4. RN will review the discharge instruction form with the patient before discharge |

| Outcomes | 
|---|---|
| 1. Achieve faster intake of appropriate patients | 1. Achieve faster intake of appropriate patients |
| 2. Preference for patient transfer as a preferred partner; Statement of work developed to create networks resulting in seamless experience across the care continuum. | 2. Preference for patient transfer as a preferred partner; Statement of work developed to create networks resulting in seamless experience across the care continuum. |
| 3. SNFs receive support from UK HealthCare to meet the requirements of the partnership | 3. SNFs receive support from UK HealthCare to meet the requirements of the partnership |
| 4. UK HealthCare identified by partners as being committed to communication, education and clinical care of patients, improving delivery systems by partnering with key entities for optimal patient outcomes. | 4. UK HealthCare identified by partners as being committed to communication, education and clinical care of patients, improving delivery systems by partnering with key entities for optimal patient outcomes. |
| 5. 100% of patients will have medical record documentation of follow-up appointments/testing as appropriate. A minimum of 90% will complete follow up as scheduled. | 5. 100% of patients will have medical record documentation of follow-up appointments/testing as appropriate. A minimum of 90% will complete follow up as scheduled. |

| Measurement Frequency | 
|---|---|
| Monthly Enterprise Reporting: | 
| 1. UHC length of stay (LOS) reports | 1. UHC length of stay (LOS) reports |
| 2. UHC opportunity days associated with patient transitions to preferred partners | 2. UHC opportunity days associated with patient transitions to preferred partners |
| 3. Readmission rates (30-day all-cause) per Centers for Medicare and Medicaid Services | 3. Readmission rates (30-day all-cause) per Centers for Medicare and Medicaid Services |
| 4. Medical record documentation quarterly review per the number of patients completing follow-up appointments/testing as scheduled upon acute care discharge. | 4. Medical record documentation quarterly review per the number of patients completing follow-up appointments/testing as scheduled upon acute care discharge. |

| Team Members | 
|---|---|
## QUALITY AND SAFETY

- **IMPLEMENT** Nurse Sensitive Indicator (NSI) / other quality bundles and ensure accurate documentation
- **ASK, ACT and DECIDE** about the impact of nursing care in prevention of patient harm
- **UNDERSTAND** NSIs and quality bundles as they relate to my work unit
- Use data to **IMPROVE** my practice
- **INCORPORATE** unit-specific quality data in service line shared governance councils
- **CONDUCT** Bedside Shift Report (BSR) and safe patient handoffs/transitions in care
- **ROUND** with a purpose

## PRACTICE OF NURSING

- **INDIVIDUALIZE** patient plan of care using the foundation of our professional practice model (PPM)
- **PURSUE OPPORTUNITIES** to increase my knowledge
- **ACTIVELY PARTICIPATE** in the shared governance process by serving on a council or sharing with service line or enterprisewide councils initiatives to improve the provision of care
- **PROACTIVELY SEEK THE EVIDENCE** to support changes in practice
- **ASSUME ACCOUNTABILITY** for my nursing practice
- **HAVE** input into the decisions that affect my work
- **INTEGRATE THE PROFESSIONAL PRACTICE MODEL INTO MY DAILY PRACTICE**

## STAFF AND PATIENT EXPERIENCE

- **USE** AIDET
- **PARTicipate** in shared governance and decisions on my unit
- **RECOGNIZE** peers who do a great job
- **ASSIST** with hiring decisions for my team
- **ENSURE** patient and family voice heard in care decisions
- **DEVELOP SKILLED COMMUNICATION** for the interprofessional dialogue
- **ROUND** with a purpose
- **INVOLVE** patient and/or family in Bedside Shift Report (BSR)