



NURSING STRATEGIC PLAN

2016 - 2017

Providing the foundation of
nursing practice at UK HealthCare.

TABLE OF CONTENTS

- 3** Contents, Background and Development
- 4** Our Mission, Vision, and Core Values
- 6** Professional Practice Model Implementation Guide
- 8** Strategic Plan Implementation Guide
- 10** Creating Alignment for Positive Impact
- 11** Our Strategies
 - Growth management
 - Building a collaborative network for safe patient transitions
 - Using data to drive evidence-based practice
 - Diversity and inclusivity
 - Improving the experience to support patient- and family-centered care
 - Improving staff experience to support patient-centered care
 - Improving service delivery to support patient-centered care
 - Empowerment of nursing staff
 - Strategic maturation
 - Network development
- 33** Glossary of Terms



CONTENTS, BACKGROUND AND DEVELOPMENT

We have a shared vision and want to reinforce our beliefs in the strength that each nursing services member brings to UK HealthCare. The internal and external relationships that define our values are most critical. Our core values echo what we as individuals embrace when working together with our patients and families. *The UK HealthCare Nursing Strategic Plan* will guide the organization's work in effectively carrying out our roles and responsibilities aimed at advancing health in the state of Kentucky and beyond.

Since 2009, UK HealthCare has been integrating strategic planning into its overall approach for nursing care. We feel that by providing this approach, we are building a high-performing,

effective team readied to meet the opportunities and challenges of today and the future. This strategic plan is our roadmap and intended to be an integrated effort. The overarching goals provide a balanced framework for what needs to be done by all of us to reach our vision and fulfill the mission of UK HealthCare. While some of the initiatives will be undertaken enterprise-wide, many others will rest with dedicated individuals throughout UK HealthCare who strive to improve the health of people both within and outside of Kentucky.

As you read through our plan, please embrace our drive for alignment and collaborate with us to implement and drive forward nursing practice at UK HealthCare.

OUR NURSING MISSION, VISION, AND VALUES

MISSION

Provide leading-edge patient care while advancing professional nursing practice.

VISION

Lead the way for every patient, every time: practice, patient care and scholarship.

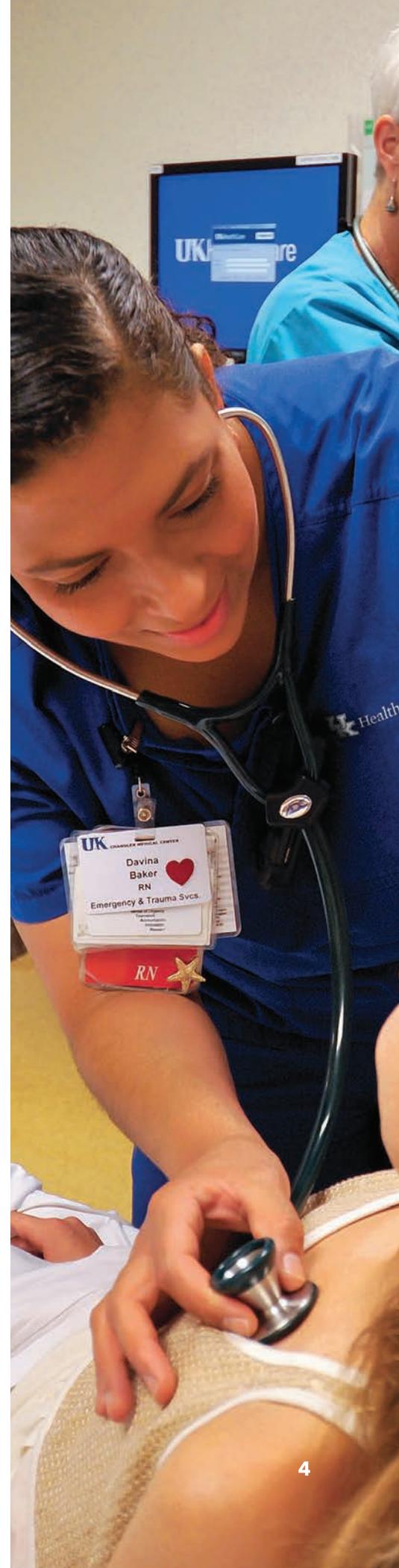
VALUES

Our nursing values serve to advance our professional practice.

- Patient-centered care
- Empowerment
- Evidence-based practice
- Teamwork
- Innovation and learning

Our UK HealthCare values are our foundation for every person, every patient, every time.

- Diversity
- Innovation
- Respect
- Compassion
- Teamwork



OUR NURSING PHILOSOPHY

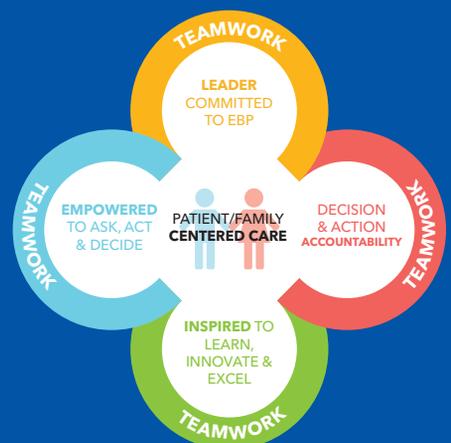
- We consider our work as nurses to be an honor, and we strive for continuous improvement in order to provide excellence in all that we do.
- Nursing care is delivered in a complex environment that supports the trifold mission of patient care, education and research. As nurses, we participate in each aspect of the mission, with patient care holding the principal position in our daily efforts.
- Organizationally, we are committed to shared governance for nursing practice. Therefore, UK HealthCare nurses' practice is of an autonomous nature with the commensurate accountability for nursing process and outcomes.
- The dynamic nature of patient care dictates that we support ongoing education for all nurses, including the goal of the baccalaureate degree as the entry level for the majority of our nursing staff. Our nurses are expected to meet patient and organizational goals. Through education, coaching and mentoring, we are committed to developing expert nurse clinicians and leaders.
- By means of clinical inquiry, research and a work environment that fosters learning and expert practice, we continuously strive to add to the body of knowledge that supports and improves nursing quality and patient outcomes.
- As a patient's right to participate in care planning and choices is a held nursing value at UK HealthCare, we understand that patient and family education regarding treatment and care options is a nursing responsibility, held jointly with our physicians and other members of the team. We accept that responsibility.
- Healthy work environments (HWE) are safe, healing, humane and respectful of the rights, responsibilities, needs and contributions of all people – including patients, their families and nurses. A HWE fosters employee engagement, and therefore improves patient outcomes and nurses' satisfaction.



PROFESSIONAL PRACTICE MODEL IMPLEMENTATION GUIDE

UK HealthCare leaders encourage interaction at all levels of nursing practice to ensure:

- Patient- and family-centered care models.
- Evidence-based practice.
- Professional development.
- Advanced practice in specialty care.



I BELIEVE PATIENT- AND FAMILY-CENTERED CARE MAKE UP OUR CORE ELEMENT.

I show my belief in patient- and family-centered care by:

- Working with the patient to develop their goals of care.
- Participating in collaborative communication with the multidisciplinary care team, which includes the patient and their family, regarding the plan of care.
- Carefully listening in order to understand our patients and their needs.
- Using hourly rounding to make sure our patients are safe and have what they need.
- Involving our patients and their families in bedside shift reports.
- Ensuring our patients are safe by monitoring nursing-sensitive indicators.
- Using the teach-back education method during discharge to be sure our patients feel confident in caring for themselves at home.

I AM ACCOUNTABLE FOR DECISIONS AND ACTIONS.

I own my nursing practice by:

- Holding myself and the entire multidisciplinary care team accountable.
- Knowing outcome data for our patients.
- Participating on a shared governance council or taking identified projects to a council.

I AM A LEADER COMMITTED TO EVIDENCE-BASED PRACTICE.

I am a leader when I:

- Ensure quality and safety in my practice.
- Incorporate the spirit of inquiry related to our clinical practice.

- Seek out evidence and stay abreast of changes to support my nursing practice.
- Collaborate with the multidisciplinary care team to make changes in the care provided based on the evidence.

I AM EMPOWERED TO ASK, ACT AND DECIDE.

I ask, act and decide when I:

- “Stop the line” to advocate for our patients and their families.
- Am able to escalate concerns to the appropriate team member.
- Work to clarify the goals of care with the multidisciplinary care team.
- Advocate for the needs of my patients.

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 a nursing professional advancement level.
- Join/maintain membership in a professional organization.
- Pursue an advanced 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.



STRATEGIC PLAN IMPLEMENTATION GUIDE

- Quality and safety in patient care
- The practice of nursing
- Staff and patient experience



QUALITY AND SAFETY IN PATIENT CARE

- IMPLEMENT** nursing-sensitive indicators (NSI) and/or other quality bundles and ensure accurate documentation.
- ASK, ACT AND DECIDE** about the impact of nursing care in the prevention of patient harm.
- UNDERSTAND** NSIs and quality bundles as they relate to my work unit.
- IMPROVE** my practice by using data.
- INCORPORATE** unit-specific quality data in service-line shared-governance councils.
- CONDUCT** bedside shift reports (BSR) and safe patient handoffs/transitions in care.
- ROUND** with a purpose to make sure my patients are safe.
- UTILIZE** bar code medication administration and Transfusion Manager to ensure safe delivery of medication and blood products to my patients.



THE PRACTICE OF NURSING

- INDIVIDUALIZE** a patient's plan of care using the foundation of our professional practice model.
- Pursue **OPPORTUNITIES** to increase my knowledge.
- ACTIVELY PARTICIPATE** in the shared-governance process by serving on a council or sharing with service-line or enterprise-wide councils initiatives to improve the provision of care.
- Proactively **SEEK THE EVIDENCE** to support changes in my nursing practice.
- Assume **ACCOUNTABILITY** for my nursing practice.
- CONTRIBUTE** input into the decisions that affect my work.
- INTEGRATE** the professional practice model into my daily practice.

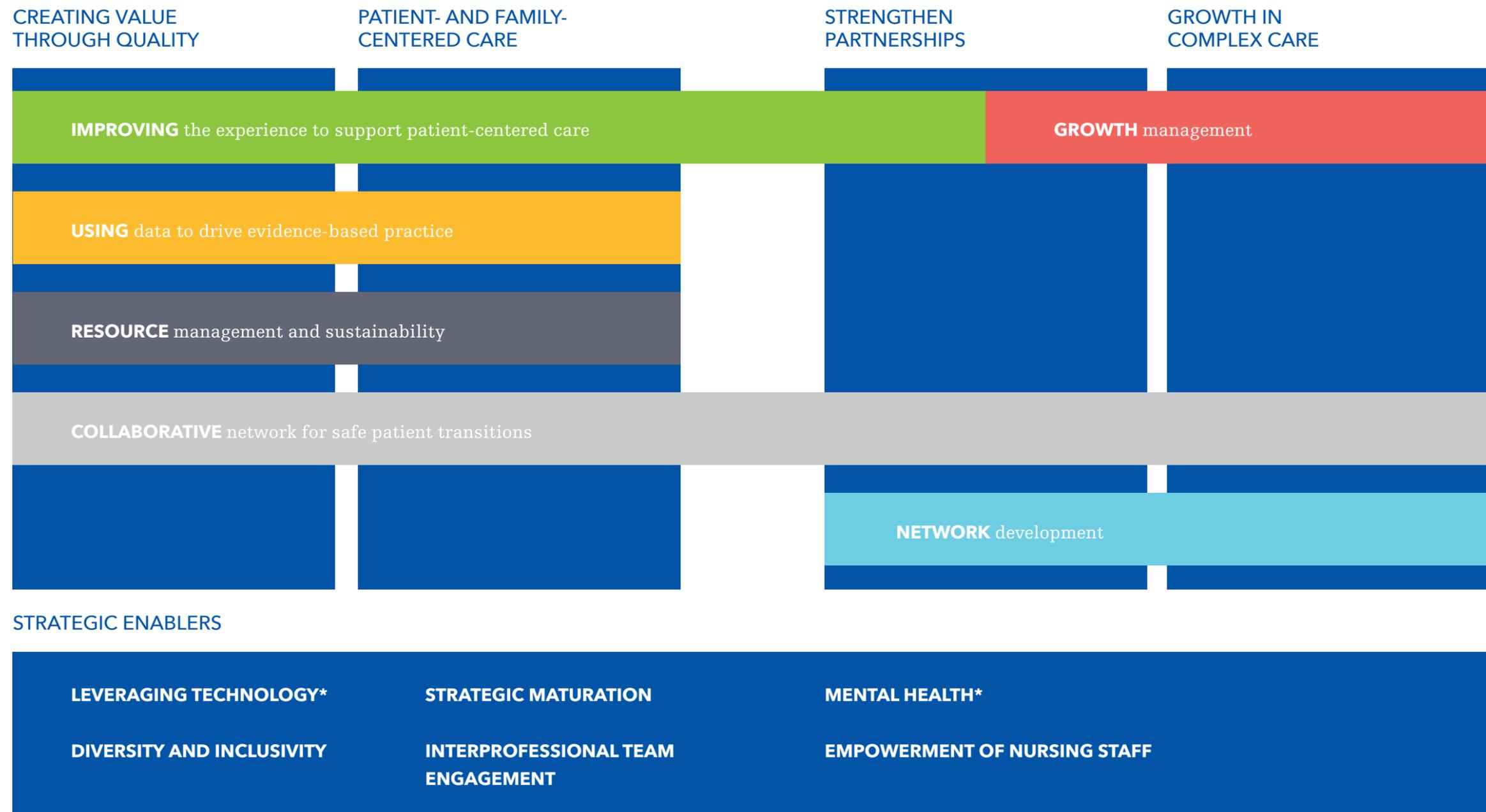


STAFF AND PATIENT EXPERIENCE

- USE** Acknowledge-Introduce-Duration-Explanation-Thank You (AIDET).
- PARTICIPATE** in shared governance and decision making on my unit.
- RECOGNIZE** peers who do a great job.
- ASSIST** with hiring decisions for my team.
- ENSURE** the patient and family voice is heard in care decisions.
- DEVELOP** skilled communication for effective interprofessional dialogue.
- ROUND** with a purpose to ensure our patients have what they need.
- INVOLVE** the patient and/or family in BSRs.

CREATING ALIGNMENT FOR POSITIVE IMPACT

Structuring our plan to improve the processes of care that positively affect patient outcomes.



TRANSFORMATIONAL LEADERSHIP: SUPPORTING GROWTH IN COMPLEX CARE

FOCUS:

Optimize UK HealthCare enterprise capacity management through an evidence-based, patient-centric approach to patient movement along the care continuum.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Growth in complex care.

METRICS:

- Optimize placement needs for all transfer requests and smooth transition of ambulatory admissions.
- Growth at Good Samaritan Hospital (GSH).
- Re-energize the UK HealthCare enterprise throughput team.
- Optimize patient flow across the health system.
- Interdisciplinary approach to Emergency Department diversion.

Team Members: Doreen Yanssen, Kathy Semones, Teresa Bell, Dr. Chuck Sargent, Patti Howard

Staff Advisor: Sue Taylor

Team Leads: Tish Heaney, Meredith Rice

NURSING TACTICS	OUTCOMES
<ul style="list-style-type: none"> <input type="checkbox"/> Engage nursing leadership in planning for anticipated patient procedural and transfer admissions. <input type="checkbox"/> Build customized teletracking/information technology monthly reports per unit to measure unit-based throughput. Utilize data to identify opportunities to improve unit-based initiatives. <input type="checkbox"/> Meet established timely transfer into UK HealthCare. 	<ul style="list-style-type: none"> • Patient placed appropriately and efficiently to meet care needs: monitor with daily lost transfer report from Capacity Command Center and benchmark year-over-year with monthly transfer report; review of outpatient/same-day admission; monthly review of teletracking metrics. • Accept 90% or greater of all interfacility transfers: daily and hourly review of transfer list.
<ul style="list-style-type: none"> <input type="checkbox"/> Continue growth across UK HealthCare. 	<ul style="list-style-type: none"> • Appropriate patient placement to include increased GSH cohorting: GSH growth will be monitored through a monthly report used to analyze successful optimization of available capacity.
<ul style="list-style-type: none"> <input type="checkbox"/> Continued work to re-establish the throughput team. 	<ul style="list-style-type: none"> • Evaluation with throughput metrics. Development of the throughput dashboard.
<ul style="list-style-type: none"> <input type="checkbox"/> Engagement in expected patient admissions, throughput tactics, timely reporting and input on staffing models to care for patient acuity. 	<ul style="list-style-type: none"> • Increased efficiency to affect increased interdepartmental focus on throughput, to include patient movement metrics, monthly monitoring of post-anesthesia care unit hold data. • Increased capacity relative to appropriate length of stay.
<ul style="list-style-type: none"> <input type="checkbox"/> Identify matrices to trend diversion with a focus to explore capacity best practices. <input type="checkbox"/> Development/redesign of capacity management and pre-divert strategies. <input type="checkbox"/> Partner with service-line leadership to optimize service-line flow. 	<ul style="list-style-type: none"> • Decrease the number of times that the Emergency Department goes on pre-divert and divert: monthly evaluation for Emergency Department pre-divert and divert times.

STRUCTURAL EMPOWERMENT, NEW KNOWLEDGE, INNOVATION & IMPROVEMENT: IMPLEMENT EVIDENCE-BASED PRACTICE TO IMPROVE CARE

FOCUS:

Build a collaborative network guided by best/evidence-based practices, which ensure design and implementation of safe patient transitions throughout various levels of the continuum.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Strengthening partnership networks.

METRICS:

- Refine or implement preferred partnerships for skilled nursing facility (SNF), long-term acute care (LTAC), home care (HC) and inpatient rehabilitation unit (IRU).
- Create/implement new divisional substance abuse care team.
- Grow the UK HealthCare palliative care division.
- Pilot a bundled payment process (total of one pilot).
- Decrease enterprise length of stay (LOS).
- Grow transitional care continuum program (Kentucky Appalachian Transition Services, KATS).

Team Members: Julian Cunningham, Debra Gleason, Ellen Crawford, Donna Vela

Staff Advisors: Raven Darksmensah, Tammy Scully

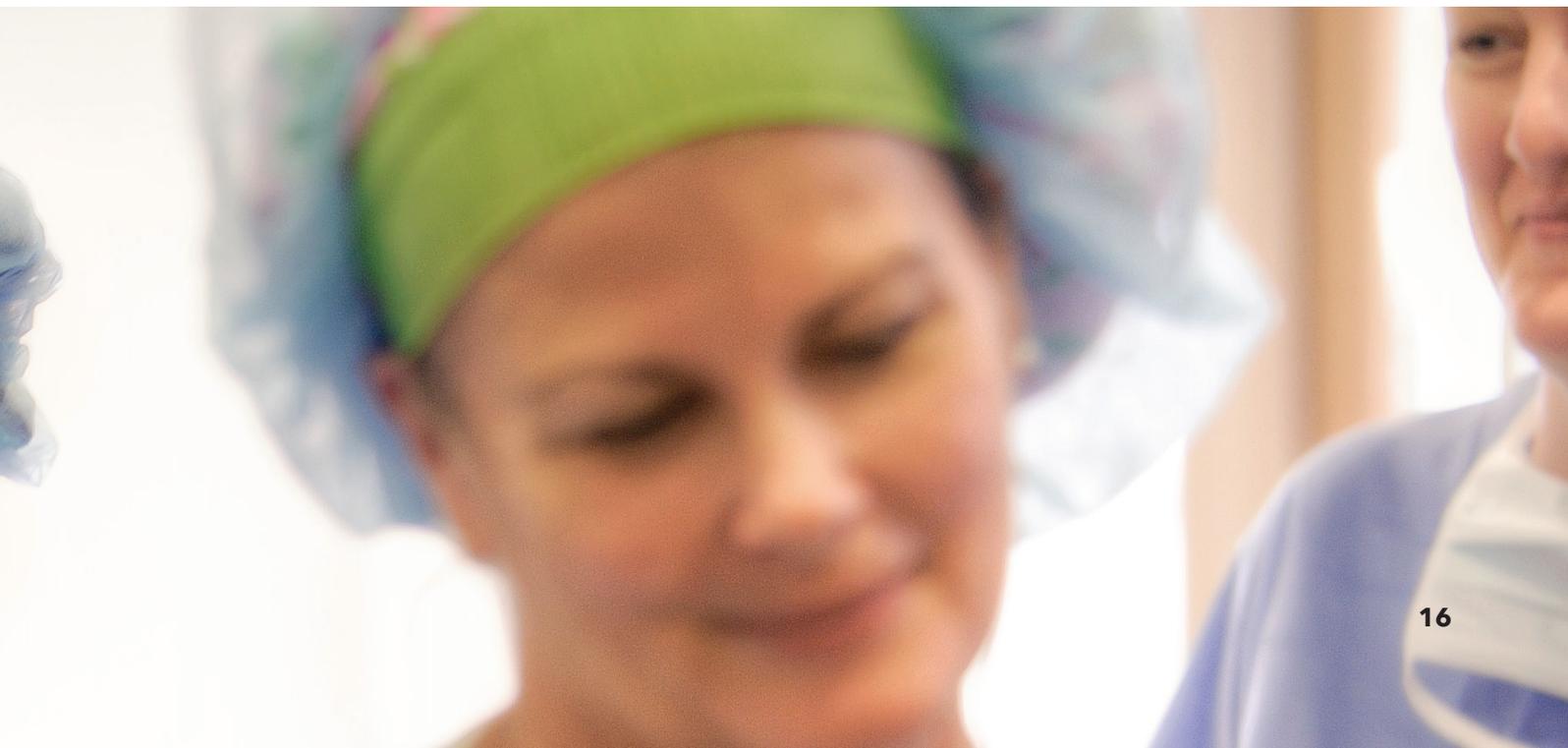
Team Leads: Penny Gilbert, Nancy Maggard, Cheryl Talbert

NURSING TACTICS	FREQUENCY	OUTCOMES
<input type="checkbox"/> Improve care delivery and expand acute care capacity by moving patients to more appropriate settings (SNF, LTAC, IRU, home health, hospice, palliative care, etc.) as quickly as health status warrants.	<ul style="list-style-type: none"> Ongoing evaluation with annual evaluation of partnerships. 	<ul style="list-style-type: none"> Finalize top 10 SNF partnerships – annually. Implement HC on-site liaison pilot to identify HC partnerships in the first six months, then finalize partnerships. Pilot LTAC partnerships in the first six months, then finalize partnerships.
<input type="checkbox"/> Create an interprofessional team to enhance care transitions for the substance abuse population.	<ul style="list-style-type: none"> Ongoing evaluation implementation in fiscal year 2017 with ongoing changes over the next five years to perfect outcomes. 	<ul style="list-style-type: none"> Complete the build/implementation around a substance abuse consultative service. Pilot endocarditis and osteomyelitis over a 6- to 12-month period. Implement specialty team for evaluation of changing practices/protocols. Complete business proposal. Development and implementation of policies and procedures to support practices.
<input type="checkbox"/> Create a multidisciplinary team for palliative care program implementation.	<ul style="list-style-type: none"> Ongoing evaluation with annual goals to increase/optimize services and patient/family satisfaction. 	<ul style="list-style-type: none"> Implementation of a palliative care program to include increase in patient conversions to the service by 5% from baseline. Implementation around solid evidence-based processes/procedures of services with a goal to increase patient/family satisfaction.

NURSING TACTICS	FREQUENCY	OUTCOMES
<input type="checkbox"/> Identify and support tactics in the bundled payment process.	<ul style="list-style-type: none"> Ongoing, with completion of first bundle by end of fiscal year – adding a bundled diagnosis-related group (DRG) each year per Center for Medicare and Medicaid Services (CMS). 	<ul style="list-style-type: none"> Successful pilot for the bundled payment process to include finance understanding and payment methodology for a minimum of one DRG.
<input type="checkbox"/> Full implementation of the transitional care case management model.	<ul style="list-style-type: none"> Ongoing, with completion of model staffing by end of the fiscal year. Avoidable day collection by December 2017. Yearly data analysis of case management processes (documentation compliance, etc.). 	<ul style="list-style-type: none"> Decrease LOS reviews to 20 days with a goal of reducing the number of patients with a LOS >30 days by 5%. Sustain an enterprise LOS of 1.02 or less. Continued biweekly reviews for complex and difficult discharges. Implement the transitional care case management model that includes an RN case manager and social worker for every patient to meet the psychosocial needs of all of our patients.



NURSING TACTICS	FREQUENCY	OUTCOMES
<p>□ Continue to expand our post-acute DRGs with the KATS program.</p>	<ul style="list-style-type: none"> • Ongoing, with monthly reviews of data/ outcomes, which include control group analysis and return on investment. • Collaboration with additional community resources over the next three years, including homeless coalition and Bluegrass Health Coalition. 	<ul style="list-style-type: none"> • Assuring high-risk/high-readmission populations are serviced with in-home coverage and taught necessary skills to maintain health. • Include at least one more population (stroke) into program. • Implement a similar service for those patients that fall into gaps of “no service needed” to “high-risk services needed.” • Reduce 30-day readmissions for identified populations to meet CMS benchmarks.



EMPIRICAL QUALITY OUTCOMES & EXEMPLARY PROFESSIONAL PRACTICE: CREATING A CULTURE WHERE DATA IS UTILIZED TO SUPPORT DECISION MAKING AND DRIVE PRACTICE

FOCUS:

Provide accurate and timely nursing-sensitive indicators (NSI) and safety metrics data to guide evidence-based care.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Patient-centered care and value-based care.

METRICS:

- Daily rounding report (DRR): Update complete – ongoing accuracy assessment.
- Unit-specific scorecard (USS): Develop prototype to be utilized and interpreted by all nurses, especially at the point of care (POC).
- Consolidate work of NSI steering teams and NSI data team to ensure we are consistently answering the question, “data to what end?”

Team Members: Carla Teasdale, Ben Nicholls, Amanda Green, Jill Blake, Lacey Buckler, Leah Perkins, Lisa Butcher, Sarah Gabbard, Christopher Burton, Nina Barnes, Donna Ricketts

Staff Advisors: Amanda Lykins, Angela McIntosh

Team Lead: Sarah Lester

NURSING TACTICS	FREQUENCY	OUTCOMES
<ul style="list-style-type: none"> ○ Patient care managers/ clinical nurse specialists to utilize DRR to target NSI interventions. 	<ul style="list-style-type: none"> • Ongoing evaluation. 	<ul style="list-style-type: none"> • Utilize data to optimize patient outcomes at POC.
<ul style="list-style-type: none"> ○ Continue prototype development and finalize new version of USS. ○ Automated alert with link sent monthly to nursing leadership; managers to include button within their weekly notes for staff to easily access. ○ Expand team membership to include ambulatory partners. 	<ul style="list-style-type: none"> • 7/29/16: prototype; 8/26/16: three-month data; January 2017: re-evaluate with staff feedback; February: NSI automation versus manual entry following second release of data warehouse. 	<ul style="list-style-type: none"> • Utilize data to optimize patient outcomes at POC. • Development of a monthly fall risk screening report for ambulatory.
<ul style="list-style-type: none"> ○ Invite executive sponsors and team leads to report out monthly. ○ Develop/refine reporting tool to be utilized by team leads. 	<ul style="list-style-type: none"> • Monthly review of NSI work. 	<ul style="list-style-type: none"> • Utilize data to optimize patient outcomes at POC.



TRANSFORMATIONAL LEADERSHIP, EXEMPLARY PROFESSIONAL PRACTICE & STRATEGIC PROFESSIONAL PRACTICE: SUPPORT OF DIVERSITY AND INCLUSIVITY

FOCUS:

Focus on issues and support of valuing diversity and inclusivity as they relate to the provision of care to our patients and their families as well as to our workforce.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Patient experience, strategic cultural alignment and strategic enabler.

METRICS:

- Achieve improvements among the workforce analysis of job categories inclusive of nursing.
- Unconscious bias training attendance.
- Implement one to two initiatives to improve care among underrepresented patient populations (race, ethnicity, limited English proficiency (LEP), mental/physical disability, etc.).

Team Members: Sarah Hesler, Rhonda Yocum-Saulsberry, Nina Barnes, Graig Casada, Lisa Thornsberry, Isaac Payne, Chris Burton

Staff Advisor: Khay Douangdara

Team Leads: Tukea Talbert, Kathy Isaacs

NURSING TACTICS	OUTCOMES
<ul style="list-style-type: none"> <input type="checkbox"/> Explore with the UK College of Nursing (CON) on how to increase diversity among nursing students. <input type="checkbox"/> Review workforce data provided by the Office for Institutional Diversity in the professional category that includes nursing. <input type="checkbox"/> Collaborate with the CON in a study to assess RNs' perception of caring for lesbian, gay, bisexual, transgender and queer (LGBTQ) patients. <input type="checkbox"/> Explore partnership with the CON for a joint appointment position focused on health care disparities among minority patients. 	<ul style="list-style-type: none"> • To meet the goals outlined by the University of Kentucky.
<ul style="list-style-type: none"> <input type="checkbox"/> Unconscious bias training. <input type="checkbox"/> Raise issues to support awareness and understanding. <input type="checkbox"/> Maintain Healthcare Equality Index status. 	<ul style="list-style-type: none"> • Unconscious bias training completed.
<ul style="list-style-type: none"> <input type="checkbox"/> Nursing care technician scholarship program. <input type="checkbox"/> Explore interpreter services 24/7. <input type="checkbox"/> Increase dedicated diversity and inclusivity resources. <input type="checkbox"/> Work in tandem with enterprise diversity and inclusivity committee to review options for increased resources for LEP patients. 	<ul style="list-style-type: none"> • Implement one to two initiatives to improve care among underrepresented patient populations (race, ethnicity, LEP, mental/physical disability, etc.).

EXEMPLARY PROFESSIONAL PRACTICE: IMPLEMENT EVIDENCE-BASED PRACTICE TO IMPROVE CARE

FOCUS:

Develop nursing tactics related to patient- and family-centered care and staff engagement that support the UK HealthCare Strategic Plan and Magnet® guiding principles.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Design a leading patient-centered experience that positions UK HealthCare to be Kentucky's destination provider.

METRICS:

- Training for patient handoffs and mastery simulation for hourly rounding.
- Educate UK HealthCare staff on enhanced role of patients and families in decision making, to include patient and family involvement through the patient advisory council.

Team Members: Angela Lang, Anita Taylor, Leah Perkins, Gwen Moreland, Jill Dobias, Rhonda Doris, Tanna McKinney (ESH), Judi Dunn, Sherri Dotson, Jennifer Ballard, Kathy Bachman

Staff Advisors: Richard Zerbee, Kristin Six

Team Leads: Lisa Thornsberry, Judy Poe

NURSING TACTICS	OUTCOMES
<p>□ Utilize handoff to include patient safety handoff tool, patient and family in plan of care and to assess their needs and respond appropriately.</p>	<ul style="list-style-type: none"> • Bedside shift report implementation. • Reduction in readmission rates. • Decrease in fall rates. • Improvement in patient satisfaction scores (HCAHPS* domains): responsiveness, nursing communication, pain, discharge and care transitions. • Monitor data, review trends, and communicate changes to nursing leadership.
<p>□ Enhance role of patients and families in decision making by utilizing teach-back, unit champions, enhanced education, patient advisory councils, ITIM principles and the GetWell Network.</p>	<ul style="list-style-type: none"> • Improvement in patient satisfaction score (HCAHPS* domains) of nursing communication. • Continued work around CG-CAHPS** domains. • Improvement in teach-back documentation audits via the electronic medical record. • GetWell Network audit improvement in focused areas. • Monitor data, review trends, and communicate changes to nursing leadership.
<p>□ Develop nursing orders/order sets and optimize clinical practice guidelines for the improvement and promotion of evidence-based practice.</p>	<ul style="list-style-type: none"> • Improvement in compliance and utilization of nursing orders/order sets and clinical practice guidelines. • Leveraging appropriate clinical practice guidelines and nursing orders/order sets to support evidence-based practice for patient-specific conditions. • Decrease length of stay through improved planning and reduction of risk factors with clinical practice guidelines and nursing orders/order sets. • Monitor data, review trends, and communicate changes to nursing leadership.

*Hospital Consumer Assessment of Healthcare Providers and Systems

**The Clinician and Group Consumer Assessment of Healthcare Providers and Systems

STRUCTURAL EMPOWERMENT & TRANSFORMATIONAL LEADERSHIP: IMPROVING THE NURSING STAFF EXPERIENCE ACROSS THE ENTERPRISE

FOCUS:

Ensure staff understands the relationship between employee engagement and a healthy work environment (HWE). Skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (HWE standards) will be the foundation of professional practice at UK HealthCare.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Patient-centered care.

METRICS:

- Connect employee engagement to the HWE.
- Develop a collaborative council.

Team Members: Sabrena Fields (ESH), Dana Stafford, Jessica Porter, Lola Thomason, Amberlee Fay, Phillip Eaton, Justina Powell, Shelly Marino, Brandy Mathews

Staff Advisors: Gail Starnes, Erin Ross (ESH), Adam Gould, Jan Coyle, Alice Carpenter, Corie May, Barb DelMonico

Team Leads: Patti Howard, Lisa Fryman



NURSING TACTICS

□ Educate nursing leadership and staff around a HWE via communication, quarterly session education and quarterly service meetings.

□ Solicitation of members from nursing, physician group, radiology, respiratory therapy, physical/occupational therapy, laboratory, case management, Eastern State Hospital, ambulatory and information technology areas.

OUTCOMES

- Baseline survey of staff knowledge related to HWE concepts will be completed during the first quarter of fiscal year 2017.
- Staff will have increased knowledge of HWE concepts on post-survey assessment.
- Implementation of a HWE team in Kentucky Neuroscience Institute.

- Implementation of a collaborative council in fiscal year 2017.
- Activation of a HWE discussion board.
- Structured shadowing by nursing staff.

EXEMPLARY PROFESSIONAL PRACTICE: OPTIMIZING OUR SERVICE DELIVERY

FOCUS:

Develop both nursing and materials-management tactics related to patient/family-centered care and staff engagement that support the UK HealthCare Strategic Plan and Magnet® guiding principles. Our initiative is to implement evidence-based practice to ensure we have the tools to manage supply needs in order to provide patient-centered care. An additional focus is to work on sustainability within the nursing care environment to look for and initiate evidence-based practices that support reducing wastage and improving the carbon footprint for the commonwealth of Kentucky.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Value-based care, patient-centered care.

METRICS:

- Pilot a supply ambassador in procedural, inpatient/acute and ambulatory areas.
- Develop a user-friendly supply Pyxis report.
- Service delivery to include a live receiver of communication.
- Sustainability.

Team Members: Sherri Dotson, Chris Petter, Bob Payton, Lorra Miracle, acute care patient care manager, Gwendolyn Fitzpatrick

Staff Advisor: Brenda Capps

Team Leads: Julia DeVerges, Shelly Marino

NURSING TACTICS	FREQUENCY	OUTCOMES
<input type="checkbox"/> In collaboration with leadership, pilot and support a supply ambassador in key areas across the organization.	<ul style="list-style-type: none"> • Proposal due September 1, 2016. 	<ul style="list-style-type: none"> • Right supply, right place and right time.
<input type="checkbox"/> Development of a more user-friendly medication supply report where the patient care managers and care team understand the reports and how to quickly locate them.	<ul style="list-style-type: none"> • As soon as possible. 	<ul style="list-style-type: none"> • Reports that are actionable and usable within each Pyxis area.
<input type="checkbox"/> Ability to call for additional items and know status with a live receiver of communication.	<ul style="list-style-type: none"> • As soon as possible; to include record of the time the supply was tubed/call taken. 	<ul style="list-style-type: none"> • Nurses report they have the supplies they need in a timely manner.
<input type="checkbox"/> Participation and engagement with the nursing sustainability committee.	<ul style="list-style-type: none"> • Monthly meeting to include recycling of the blue wrap and the reduction of any wasted supplies in patient rooms. 	<ul style="list-style-type: none"> • Reduction in waste to landfills by pound assessment.

STRUCTURAL EMPOWERMENT: FOSTERING A PROFESSIONAL GOVERNANCE MODEL

FOCUS:

Enhance structural empowerment by fostering a professional governance model and a nursing professional practice model (NPPM) that nurses live through the daily work of nursing.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Strategic enabler.

METRICS:

- Recognize and celebrate the work of councils.
- Broaden ambulatory representation and engagement.
- Enhance nursing staff understanding of the NPPM and the connection to the daily work of nursing.
- Seek opportunities for further development of professional governance.

Team Members: Tanna McKinney (ESH), Shannon Haynes, Patty Hughes, Becky Garvin, Lindsey Hensley

Staff Advisor: Rhoda Woodward

Team Lead: Kathy Isaacs

NURSING TACTICS	OUTCOMES
<ul style="list-style-type: none"> <input type="checkbox"/> Identify outstanding council work. <input type="checkbox"/> Determine a strategy to develop content for professional governance corner via the professional governance taskforce. 	<ul style="list-style-type: none"> • Highlight work of at least four councils at the annual congress. • Identify topics/content for governance corner monthly.
<ul style="list-style-type: none"> <input type="checkbox"/> Imbed ambulatory into all councils. <input type="checkbox"/> Implement at least one population-based council in ambulatory. 	<ul style="list-style-type: none"> • Ambulatory nursing will be represented on all tier 2 and 3 councils by the second quarter of fiscal year 2017. • Satisfaction survey in the third quarter of 2017. • Work from the population-based council will be highlighted at the annual congress, June 2017. • Evaluate in six months for relevancy to ambulatory nursing staff – conduct satisfaction survey from members.
<ul style="list-style-type: none"> <input type="checkbox"/> Continue with work on identifying real examples of NPPM tenets that will resonate with frontline nursing staff. 	<ul style="list-style-type: none"> • Incorporate NPPM language into daily conversations with staff, peers, etc. • At least one example will be shared in the biweekly professional governance corner and with the clinical leadership council. • Improved employee engagement scores relevant to empowerment: My ideas and suggestions are seriously considered; I am involved in decisions that affect my work; I have the opportunity to influence nursing practice in this organization. • Through work of this team and the taskforce, identify real work events/circumstances/situations where nurses exhibit NPPM tenets – immediate and ongoing.
<ul style="list-style-type: none"> <input type="checkbox"/> Revise council purpose statements for clarity. <input type="checkbox"/> Identify accountabilities of each council. <input type="checkbox"/> Determine member representation for tier 1 and 2 councils. <input type="checkbox"/> Council membership to include all patient care managers. 	<ul style="list-style-type: none"> • Complete by the second quarter of fiscal year 2017. • Implement during the third quarter of fiscal year 2017. • Progress to be evaluated by professional governance consultant spring 2017.

EXEMPLARY STRATEGIC PROFESSIONAL PRACTICE: GUIDING THE DIRECTION OF PROFESSIONAL NURSING

FOCUS:

Outline our direction as the profession of nursing at UK HealthCare, including maximizing collegiality among disciplines and continued professional development to ensure the provision of the very best care for our patients and their families.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Strategic enabler.

METRICS:

- Mature/improve collegial relationships with physician partners.
- Mutualistic relationship with the UK College of Nursing (CON).
- Certification goal and a Bachelor of Science in Nursing (BSN) prepared workforce.
- Professional development within nursing services.
- Generate knowledge through nursing research.

Team Members: Graig Casada, Becky Garvin, Rachel Ballard

Staff Advisors: Tonya Tingle, Nicole Smith

Team Lead: Kathy Isaacs

NURSING TACTICS

○ Continue to build nursing-provider relationships through multidisciplinary teamwork, including rounding on patients as a care team, communicating the plan of care to the patients/families and care team, and empowering nurses to have a voice within the multidisciplinary team.

○ UK HealthCare and CON practice collaboration with Advanced Practice Registered Nurses, researchers and clinical scholars.

○ Showcase the collaboration: InStep (UK HealthCare and CON publication) and Nursing Research Papers Day (NRPD).

○ Leverage resources between UK HealthCare and the CON for staff/leadership development.

OUTCOMES

- Annual employee engagement survey: “Physicians/staff work well together” will increase to 3.9.

- Practice agreements.
- Produce InStep and NRPD publications.
- Joint nursing leadership lecture series.
- Faculty appointment letters for UK HealthCare nursing.



In fiscal year 2017, UK HealthCare nursing will build a stronger professional governance model by improving and building upon our councils.

NURSING TACTICS	OUTCOMES
<ul style="list-style-type: none"> <input type="checkbox"/> UK HealthCare enterprise will increase the number of RNs that achieve a national certification. <input type="checkbox"/> UK HealthCare nursing will increase the percentage of BSN-prepared RNs (inpatient and ambulatory settings). 	<ul style="list-style-type: none"> • An increase in the number of RNs from 107 in fiscal year 2016 to 120 in fiscal year 2017. • Each service line will increase the number of nationally certified RNs by five. • An increase in BSN attainment from current state of 67% to a goal of 70% by the end of fiscal year 2017.
<ul style="list-style-type: none"> <input type="checkbox"/> Educational needs assessment (ENA). <input type="checkbox"/> Plan development programs based on ENA. <input type="checkbox"/> Continue with leadership development programs. <input type="checkbox"/> Continuing education unit opportunities for all nursing. 	<ul style="list-style-type: none"> • Evaluation of needs assessment. • Evaluation of courses offered.
<ul style="list-style-type: none"> <input type="checkbox"/> Support nursing research council. <input type="checkbox"/> Investigate opportunities to support nursing research activities at the CON and UK HealthCare. 	<ul style="list-style-type: none"> • Evaluation of scholarly work.

TRANSFORMATIONAL LEADERSHIP: BUILDING A COLLABORATIVE NETWORK

FOCUS:

Develop and refine nursing's strategic outreach with external partners.

UK HEALTHCARE STRATEGIC PLAN REFERENCE:

Strengthening partnership networks.

METRICS:

- Expand nursing's strategic outreach with external partners.

Team Members: Kim Morton, Amanda Currier Bull, Rob Edwards, Kim Handshoe, Cathy Masoud, Kim Blanton

Team Lead: Lacey Buckler

NURSING TACTICS

- Extend UK HealthCare nursing and quality expertise throughout affiliate networks and beyond.

OUTCOMES

- Increase number of nursing and advanced practice relationships with external agencies.
- Participate in collaborative activities.
- Continue to mature current relationships.
- Continued (ongoing and monthly) updates to the UK HealthCare outreach advisory team.

GLOSSARY OF TERMS

**AIDET:**

an acronym that stands for Acknowledge-Introduce-Duration-Explanation-Thank You, which helps to promote a healthy work environment and patient-centered care.

AVOIDABLE DAY:

a day during which a patient in the hospital does not receive acute services or could have been cared for in a different setting.

BAR CODE MEDICATION ADMINISTRATION:

a bar-code system that prevents medication errors.

BEDSIDE SHIFT REPORT:

ensures the safe and accurate transition of a patient and his or her information from one nursing shift to another.

DIAGNOSIS-RELATED GROUP:

inpatient stays are grouped into various classifications for payment purposes.

DIVERSION:

re-routing patients from one facility to another, usually as a result of being overcrowded or understaffed.

EVIDENCE-BASED PRACTICE:

the use of clinical expertise, patient values and research evidence in making decisions about patient care.

NURSING-SENSITIVE INDICATORS:

measures of the structure, processes and outcomes of nursing care.

PALLIATIVE CARE:

specialized medical care that seeks to provide relief from a serious illness.

PLAN OF CARE:

a document outlining objectives and recommended interventions for each patient.

PYXIS:

a medication-management system.

ROUND WITH A PURPOSE:

a systematic, evidence-based procedure in rounding that anticipates patients' needs and improves safety and patient satisfaction.

SCORECARD:

a management tool assisting in strategy implementation.

STOP THE LINE:

immediately reporting actions, behaviors or oversights that could result in medical errors and/or patient harm.

TEACH-BACK:

a method used to confirm a patient's/family's understanding of what they are being told. If they understand the information, they will be able to repeat it back.

TRANSFUSION MANAGER:

a system that uses bar-code technology to prevent blood transfusion errors.

TRANSITIONAL CARE:

the continuity of health care when a patient is transferred to another unit or facility or is discharged to go home.



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