**Centura Nursing Council Strategic Planning**

**FY2013**

| **Strategic Priority** | **Objectives** | **Metrics** | **Initiatives (Leader)** |
| --- | --- | --- | --- |
| Maximize Revenue Capture from VBP  (Getting Better) | Enhance Performance on Metrics Tied to Payment | * HCAHPS scores * HAIs (SSI, CLABSI, CAUTI) * Pressure ulcer/1000 days * Injury Falls/1000 days * VBP metrics * Percent BSN | * Prioritize targeted interventions for key indicators (i.e., toolkits) and integrate with CHAH * Integrate quality goals into PFDs at unit level * Standardize/reduce variation in clinical practice * Enfranchise patients and families in care processes (CNPC) * Integrate strategies for pressure and injury falls with post acute care   + LOOK bedside handoffs (CNPC)   + Improve peer accountability (CNPC)   + Relationship Based Care (Holly) * Integrate strategies for pressure and injury falls with post acute care * Maximize VBP return * Identify opportunities for nursing documentation to improve revenue capture (Sharon K/Mike) * Standardize education requirements in leader job descriptions * Establish Manager and Director peer review process |
| Bend the Cost Curve (Getting Better & Different) | Prevent Unnecessary Readmissions  Embed Risk Assessments into Workflow | * 30 day all cause readmission rate * 30 day disease specific readmission rates (AMI, HF, pneumonia) | * Assess current project activities, ensure alignment across the system * Support, monitor, implement from the LAH pilot (Melody/Rhonda) * Enable a safe transition home with immediate follow up care for most vulnerable patients * Consider instilling self care habits (Marcia) * Develop electronic data collection for readmission risk (Melody/Sharon K) * Provide information to nurse leaders on SCDN and Care Coordination |
| Bend the Cost Curve (Getting Different) | Flex Staffing to Actual Demand | * Frontline nurse turnover * Nursing $/CMIAA | * Summit Medical Center to pilot hospital-wide flexing plan (Jodee) * Enhance staff skills with Clairvia * Improve ability to flex to and from specialty areas * Innovate online competency support for specialties |
| Bend the Cost Curve  (Getting Different) | Innovate on the Inpatient Staffing Model | * Length of stay (in targeted or piloted areas) * Nurse and support personnel turnover * Nursing $/CMIAA * Pressure ulcer incidence/1000 days * Injury Falls/1000 days | * Increase PCA skill set   + See case studies/NICHE suggestions   + Evaluate systems/processes/structures to support PCA skill sets (Noreen)   + Evaluate LPN model (Lesley/Mike) * Complete gap analysis for credentialing ASCENT nurse residency program (Noreen) |
| Expand Effective Capacity  (Getting Better) | Achieve Zero-Defect for Preventable Complications | * HAIs (SSI, CLABSI, CAUTI) * DVT incidences/1000 patient days * Injury Falls/1000 days * LOS | * Widely display metrics/dashboards, focus on compliance and results * Document LOS impact on HAIs * Leverage CNPC to ID and implement next best practices * Invest in innovation for complex patients (i.e. risk staffing) * Obtain nurse-sensitive data for VTEs * Evaluate teach interventions in CIS for DVT patients (Rhonda LAH pilot) * Collaborate with EVAL to include patient impact for AEs |
| Hardwire Common Purpose  (Getting Better) | Drive Individual Accountability | * Press Ganey &/or PES scores * HCAHPS scores * HAIs (SSI, CLABSI, CAUTI) * Pressure ulcer incidence/1000 days * Injury Falls/1000 days | * Increase frontline ownership through greater input   + Embed peer feedback into workflow (CNPC)   + Provide “Instilling Frontline Accountability: Best Practices for Enhancing Individual Investment in Organizational Goals” session October 19, 2012 * Use associate engagement data to make improvements * Refine system-wide peer review/accountability (CNPC) * Redesign CARE bonus program methods for payout (Marlo) * Provide Peer-Peer Accountability education |
| Hardwire Common Purpose  (Getting Different)  Sharon K | Position Nursing at a Best-in-Class Partner for IT  (Informaticists should advise on this strategy) | * Meaningful use | * Establish CNIO position * Cultivate informatics expertise (Sharon Kirby & team) * Ensure data integrity (Sharon Kirby & Kerri Webster) * Promote timely documentation/discharges (Sharon Kirby & team) * Build integrated electronic care plans – KOIN (Sharon Kirby & team) * Define CNO role in enterprise wide IT initiatives (Sharon P) * Use advisory board resources for best practices * Talent procurement for Informaticists * Standardize handoff report and access it with ICON |