**Nursing Council Strategic Planning: FY2013**

| **Strategic Priority** | **Objectives** | **Metrics** | **Initiatives (Leader)** |
| --- | --- | --- | --- |
| Maximize Revenue Capture  (Getting Better) | Enhance Performance on Metrics Tied to Payment | * HCAHPS scores * HAIs (SSI, CLABSI, CAUTI) * Pressure ulcer/1000 days * Injury Falls/1000 days * Consider VBP metrics * Percent BSN | * Prioritize targeted interventions for key indicators (ie, toolkits)   + Integrate toolkits in CHAH * Integrate quality goals into PFDs at the unit level * Standardize/reduce variation in clinical practice * Enfranchise patients and families in care processes (CNPC)   + LOOK bedside handoffs (CNPC)   + Improve peer accountability (CNPC)   + Relationship based care (Holly) * Integrate strategies for pressure ulcer and injury falls between post acute care and acute care * Maximize VBP return * ID opportunities for nursing documentation to improve revenue capture (Sharon K/Mike) |
| Bend the Cost Curve (Getting Better) | Prevent Unnecessary Readmissions | * 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) |
| Bend the Cost Curve (Getting Different) | Flex Staffing to Actual Demand | * Frontline nurse turnover * Nursing $$/CMIAAA | * Summit Medical Center to pilot hospital wide flexing plan(Jodee) |
| 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 dollars per CMIAAA * Pressure ulcer incidences/1000 * Fall incidences/1000 | * Increase PCA skill set   + See case studies/NICHE suggestions   + Evaluate systems/processes/structures to support PCA skill sets   + Evaluate LPN model (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 per 1000 patient days * Falls and trauma incidences per 1000 days * LOS * Percent BSN * Check VOC dashboard | * 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 (ie, risk staffing ) * Obtain nurse sensitive data for DVTs * Evaluate teach interventions in CIS for DVT patients (LAH) |
| Manage Case Mix  (Getting Different) | Embed Risk Assessments into Workflow | * Targeted LOS for pilot areas * 30 day all cause readmission rate | * Develop electronic data collection for readmission risk (Melody/Sharon) |
| Hardwire Common Purpose  (Getting Better) | Drive Individual Accountability | * Press Ganey &/or PES scores * HCAHPS scores * HAIs (SSI, CLABSI, CAUTI) * Pressure ulcer incidences * Falls and trauma incidences | * 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 (10/19/12) * Use associate engagement data to make improvements * System wide peer accountability (CNPC) |
| Hardwire Common Purpose  (Getting Different) | Position Nursing at a Best-in-Class Partner for IT  (Informaticists should advise on this strategy) | * Unknown | * 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 * Use advisory board resources for best practices (Informatics team) * Talent procurement for informaticists |