**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)
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| 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)
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| 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)
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| 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)
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| 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)
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| 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)
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| 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)
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| 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
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