



2014 Nursing Division Strategic Plan

Our Mission.....

is to provide respectful and compassionate evidence-based care for our patient, families and communities.

Our Nursing Vision.....

is to be innovative caregivers committed to Nursing Excellence.

Nursing Core Values

Integrity • Nursing Excellence • Unity • Respect • Scholar • Evidence Based Practice

This strategic plan describes strategic imperatives, strategies and tactics along with an outcome measurement plan. The strategic imperatives are:

- Market Leader in Quality Care
- Promote A Culture of Safety
- Professional Nursing Practice
- Excellent Patient, Customer and Physician Experience
- Best Place To Work
- Stewardship
- Growth & Community Outreach

Nursing Philosophy of Care

Using the nursing process, professional nurses collect comprehensive data, diagnose human responses, identify expected outcomes, implement a plan of care to achieve expected outcomes, and evaluate progress toward attainment of outcomes.

Identifies measures and monitors key quality indicators including safety, guest needs and expectations, outcomes of nursing practice, and operational and financial processes.

Utilizes clinical and management evidence to design care delivery models where nurses have accountability and responsibility for patient care while supporting the continuous enhancement of nursing practice and the appropriate utilization of staff.

Manages ones performance based on professional practice standards, relevant statutes, rules and regulations, organizational criteria, and by seeking ongoing constructive feedback regarding one's own practice and peer review.

By committing to lifelong learning and ongoing professional development participates actively in professional organizations, certification and formal education.

Maintains a professional nursing practice environment characterized by effective communication, teamwork, autonomy, empowered decision-making, staff engagement, sharing of knowledge and adequate supplies and equipment.

Professional nurses' decisions and actions are based on solid ethical principles—the ANA's Code of Ethics for Nurses with Interpretive Statements--while assuring compliance with regulatory and professional standards.

Relationships are collegial and interdisciplinary, Characterized by mutual respect of cultural diversity, trust and honesty.

By questioning current practices, research evidence and guidelines are applied to improve patient, nurse and system outcomes while disseminating findings and best practices to others.

Resources are judiciously allocated based upon guest and community needs.

Leaders—both formal and informal—inspire a shared vision, serve as role models to challenge the process, empower others to act, and encourage the holistic spirit.

Promotes a culture of health and safety where worker stress, hours, and fatigue are monitored to mitigate untoward events from occurring.

Nursing Professional Practice Model

The Nursing Professional Practice Model was developed to provide a comprehensive overview of the practice of nursing at The Methodist Hospitals, Inc. Nursing care is provided to Every Patient, Every Day in a variety of settings; ambulatory, acute/critical care and in the community setting.

Shared Governance

Professional Nursing Practice is implemented through a Shared Governance Leadership structure promoting joint partnerships between formal and informal nursing leadership. Within the ENACT (Empowering Nurses as Collaborative Teams) Shared Governance structure, four nursing councils and unit based excellence teams (UBETs) work collaboratively towards improving professional practice and patient outcomes. The four councils include Professional Development, Operations, Quality and Evidence-based Practice and Research. The four council chairs along with four UBET chairs, a representative from nursing staff and the CNO comprise the membership of the Coordinating Council. The Coordinating Council provides oversight and leadership direction for the nursing department.

The **Nursing Mission** is to provide respectful and compassionate evidence-based care for our patients, families and communities. Dorothy Orem's theory of self-care, self-care deficit and nursing systems provides the conceptual framework for the application of nursing care. Individuals (patients) practice activities that maintain life, health and well-being; through illness, injury and disease self-care deficits can occur. Nursing provides interventions to return individuals to wellness, management and control of symptoms, prevention of illness and collaborative practice.

The **Nursing Vision** is to be innovative caregivers committed to nursing excellence. The professional nurse elevates the practice of nursing by bridging the gap of what is known within the scientific foundation of clinical practice and what is practiced at the bedside.

INURSE Values

Integrity: The professional nurse defines integrity as being truthful, honest and ethical. The nurse is authentic and takes responsibility and accountability for the care delivered.

Nursing Excellence: The professional nurse strives to provide the best care possible, to advocate for the patient and family, and to work together to improve patient outcomes. The professional nurse is an autonomous practitioner executing the full scope of practice defined by the Indiana State Board of Nursing.

Unity: The professional nurse works together with peers, colleagues, and co-workers to provide the best care possible to our patients, families and community.

Respect: The professional nurse has respect for the inherent worth and dignity of others, demonstrates respect by actively listening and acknowledging the rights of others to have differing opinions.

Scholar: The professional nurse engages in lifelong learning and contributes to the growth and development of others.

Evidence-based Practice: The professional nurse uses the best evidence available, clinical experience and the patient's values and preferences while providing care. EBP closes the gap between nursing research and practice.



SWOT Analysis

An examination of strengths, weaknesses, opportunities and threats was completed. Likewise, only a cursory exploration of political, economic, social and technologic issues was discussed.

Strengths

- Quality Care by National benchmarks
- Invest in professional growth
- Continues to be a leader in northwest Indiana
- Recognized programs— Orthopedics, CP, stroke, CAC Rehab, Homecare
- Physicians and RNs who want to practice at Methodist Hospitals
- Affiliations with 17 schools/colleges of nursing
- Visionary, strong nurse executive
- Nursing leadership team
- Participating in NDNQI
- RNs returning to school for degree completion, graduate school
- Shared Governance
- Daisy Foundation Award
- Professional Practice Model

Weaknesses

- Payer mix
- Capital challenges
- Debt capacity
- Staff nurse critical thinking, delegation, decision-making skills development
- Nursing management skill development
- Staff Engagement
- Nurse Recruitment (Staff and Advanced practice)
- Marketing of nurse outcomes
- Staff involvement with professional organizations
- Lack of innovative staff nursing education programs

Opportunities

- Staff supported community outreach
- Urban development
- Community assessment
- New services lines—mental health, Trauma Level III Designation
- City of Gary undergoing revitalization
- BSN & Certified Nurses
- Technology infrastructure
- Deepen and strengthen clinical affiliations
- Participate in Transforming Care at the Bedside (TCAB)
- ACCNs Beacon Program
- Magnet [™] Journey
- Retention of Staff Nurses
- Shared Governance (continued development)
- NP run services or (APN)
- Nursing leadership succession plan
- Professional Practice Model (continued development)
- Clinical Ladder

Threats

- 11 hospitals in primary and secondary markets—creates competition for MDs, patients and employees
- Economic stability and crime rates
- Market share
- Competitors spending more on marketing

PEST Analysis

Political

- Health care reform
- Labor unions
- Instability in Gary's city government
- Global warming
- Going "green"

Economic

- Payer mix
- Unemployment
- Reimbursement

Social

- Generational differences
- Violence
- Changing family constellations
- Obesity
- Chronic illnesses increasing

Technological

- Web 2.0; Social networking
- Internet
- Electronic health record
- Prescriber order entry

Strategic Imperative

I. Market Leader in Quality Care

This strategic imperative focuses on a systematic, integrated approach to providing (or guiding patients to) the most appropriate level of care in a timely fashion, managing care processes seamlessly across the continuum in a consistent, high quality, cost-effective manner, and managing each segment's health care needs appropriately. Implement a structured interdisciplinary roll out process for implementation, compliance monitoring and hardwiring of improvement changes impacting multiple areas

Integrated internal systems will decrease the need for a "work around," will optimize how time is used, ultimately decrease errors and increase quality. Once the practice is established, the structure and processes need to be pushed out to the staff holding them accountable for the quality of the work and a profitable relationship. Methodist Hospitals will provide patients with quality care with a continuous focus on implementing new ways to improve that care.

Strategy A: Meet/Exceed Quality Targets of Reducing Readmission Rates

- Tactic: Develop Interdisciplinary Readmission Steering Committee
- Tactic: Clarify and implement target measurement metrics
- Tactic: Utilize and implement best practices to reduce readmissions

Strategy B: Improve Patient Throughput

- Tactic: Develop interdisciplinary team of stakeholders to decrease throughput times
- Tactic: Measure and monitor throughput metrics
- Tactic: Identify, utilize and implement best practices

Strategy C: Implement Best Practices to Achieve Quality Outcomes

- Tactic: Utilize a Shared Governance approach that increases evidenced based research into practice.
- Tactic: Plan and implement technology which enables at the point of care to improve clinical outcomes and make care delivery more efficient
- Tactic: Implement NDNQI participation for nursing sensitive indicators
- Tactic: Identify, implement and communicate LEAN & TCAB techniques for performance improvement
- Tactic: Create annual practice fairs to showcase data driven improvements

II. Culture of Safety

We maintain a safe environment for our patients, staff, physician and visitors. Safety is the basis for everything we do. Our goal is to provide care with continuous focus on implementing new way to improve safety.

Strategy A: Patient Safety Program

- Tactic: Measure and monitor patient safety metrics
- Tactic: Maintain fall prevention program and decrease falls with injury
- Tactic: Maintain bar code medication administration at or above 99.5%
- Tactic: Promote restraint-free environment
- Tactic: Implement NDNQI participation for nursing sensitive indicators

Strategy B: Decrease HAI

- Tactic: Meet/exceed target decrease for HAPU
- Tactic: Meet/exceed target decrease for CAUTI
- Tactic: Meet/exceed target decrease for CLABSI
- Tactic: Meet/exceed target decrease for C-Diff
- Tactic: Meet/exceed target decrease for MRSA
- Tactic: Meet/exceed target decrease for SSI

Strategy C: Safe Practice Environment

- Tactic: Decrease workplace violence
- Tactic: Decrease work related injuries

III. Professional Nursing Practice

This strategic imperative focuses on flourishing in an environment and culture where professional nurses shape and influence nursing practice. Ensuring that nurses can practice according to the philosophical underpinnings of their profession is recognized as an important factor in job satisfaction and hence is critical to retention and recruitment of the nursing workforce.

Employer shares the responsibility with nurses, professional associations and others for promoting environments that support quality professional practice. Achieving high-quality health care requires that we make explicit the expectations related to professional nursing practice.

Nurses' effectiveness in achieving the outcomes for which they are accountable is inextricably tied to the extent to which they can exercise control over the delivery of care for which they are responsible. Operating through a Shared Governance philosophy supports staff empowerment and need for autonomy. A set of values and performance expectations to which all nurses can subscribe and that influences practice behaviors is essential in their practice.

Strategy A: Adopt Professional Practice Model

Tactic: Staff education on the PPM.

Tactic: Incorporate the Philosophy of Care and Professional Practice Model into performance expectations and succession plans.

Strategy B: Flourish Under A Shared Governance Model

Tactic: Staff education during New Nurse Orientation and periodically

Tactic: Update Shared Governance model to incorporate a research council

Tactic: Review bylaws annually

Tactic: Utilize evidence based practice to support nursing care decision making

Tactic: Develop and implement performance improvement initiatives

Tactic: Pursue AACN Magnet designation

Strategy C: Refine and Support our Nursing Care Delivery Model

Tactic: Adopt TCAB principles , Lean and or Six Sigma methodologies

Tactic: Plan and implement decentralized CNS's to support standard of care implementation, quality, safety, orientation education, support and enhanced visibility on the Patient Care Units

Strategy D: Strengthen and Further Develop Academic Partnerships

Tactic: Include at least two professor level staff from surrounding institutions

Tactic: CNO will represent Methodist Hospitals on at least two Advisory Boards of Nursing Institutions

Tactic: Nursing Leaders will serve as leadership clinical preceptors

Strategy E: Review and Update Nursing Strategic Plan

Tactic: Develop annual measurements, reporting and updating of strategies and tactics

Tactic: Develop unit based scorecards

Tactic: Develop a one page summary of updates for all direct care nurses to see regarding progress on strategic plan strategies

IV. Excellent Patient, Customer and Physician Experience

Continue to evaluate and improve all aspects of the Patient and Physician experience within The Methodist Hospitals. Methodist Hospitals will provide patients, customers and physicians with a service experience that is differentiated in the market with continuous focus on implementing new ways to improve their experience.

Strategy A: Improve the HCAHPS Patient Outcomes

- Tactic: Partner with Studer Group and follow tactics
- Tactic: Follow hourly rounding prescriptives
- Tactic: Follow bedside shift report
- Tactic: Implement unit based Patient Engagement Teams (PET) and Customer Service Impact (CSI) teams on each unit
- Tactic: Enhance patient education and the discharge process

Strategy B: Improve Outpatient Satisfaction utilizing Press Ganey as outcomes data to be at or above the National benchmark

- Tactic: Partner with Studer Group and follow outlined tactics
- Tactic: Measure results monthly per unit
- Tactic: Implement Outpatient Engagement Teams

Strategy C: Improve Physician Satisfaction with Nursing Care

- Tactic: Utilize SBAR
- Tactic: Involve Physicians with educational opportunities on the unit

V. Best Place To Work

Create a work environment, culture and organizational systems that result in high levels of employee engagement and commitment with an enhanced ability to support the delivery of excellent clinical outcomes and guest services.

Maintaining a career Web site that is user friendly and engaging so that a smooth interviewing and hiring process can reduce time-to-fill. We offer a robust on-boarding and orientation program, and provide learning opportunities for our staff to fulfill their professional goals.

Recruiting and retaining top talent by compensating fairly, rewarding and recognizing above-and-beyond guest service will enhance the ability to manage work-life balance.

Strategy A: Attract the Best Talent

- Tactic: Revamp Career Web site
- Tactic: Use Web 2.0 strategies for recruitment
- Tactic: Plan and implement a marketing strategy to enhance nursing recruiting

Strategy B: Recruit the Best Talent

- Tactic: Revise job descriptions
- Tactic: Implement consistently behavioral-based interviewing based on role competencies
- Tactic: Teach interviewing skills to staff nurses who are peer interviewing

Strategy C: Onboarding, Orientation and Professional Development

- Tactic: Revise/revamp on-boarding and orientation program to two days
- Tactic: Update preceptor program
- Tactic: Competency checklists
- Tactic: Degree completion program information readily accessible
- Tactic: Staff development program (both staff and management) to focus on cross training, professionalism, and critical thinking
- Tactic: Succession planning
- Tactic: CEU offering for all topics offered
- Tactic: Develop and implement a mentorship program.

Strategy D: Retain the Best Talent

- Tactic: Performance management program - revise appraisal forms, teach coaching skills, teach feedback skills, 360-degree feedback
- Tactic: Implement Daisy award 3x/year
- Tactic: Annual Town Hall Meetings with CNO
- Tactic: Enhance team communication, newsletter, intranet, Twitter
- Tactic: Improve managers, director and CNO visibility and accessibility
- Tactic: Tuition support for degree completion, certification
- Tactic: Develop formal goals annually for certification and BSN preparation and report results
- Tactic: Decrease voluntary staff turnover
- Tactic: Pursue AACN Beacon program

Strategy E: Talent Measurement

- Tactic: Employee (satisfaction, worklife, onboarding or engagement) surveys annually
- Tactic: Exit interview surveys
- Tactic: HR Metrics (vacancy, turnover, time to fill, cost-per-hire, etc.)

VI. Stewardship

Obtaining and then maintaining a strong financial position can be achieved through efficient operations, effective allocations of financial resources, cost management and growing market share. All organizations need to be financially successful. Profit enables investment in staff, technology, programs and facilities that support the work of nurses and provide for healing environments for patients. Seeking out and working with management to find ways to increase market share to increase revenue, while at the same time managing expenses.

Strategy A: Financial Reporting

- Tactic: Educate charge nurses on basic financial principles
- Tactic: Financial reporting is part of nurse manager orientation competency
- Tactic: Use staff suggestions/suggestion program to control costs
- Tactic: Report financial data at unit meetings

Strategy B: Revenue Management

- Tactic: Plan and implement certified wound nurse outpatient program
- Tactic: Plan and implement Outpatient breast feeding clinic
- Tactic: Explore grant acquisition initiatives
- Tactic: Explore nurse based Outpatient clinic

Strategy C: Cost Management

- Tactic: Assess and implement strategies to decrease waste in the clinical systems
- Tactic: Utilize Lean and Six Sigma methods in order to improve processes
- Tactic: Collaborate with purchasing department to develop a nurse driven Value Analysis Team

VII. Growth and Community Outreach

This strategic imperative focuses on those actions and programs which increase the hospital's ability to serve, to provide access to additional markets, or to offer additional services within existing programs, while closing the gaps between healthcare disparities. Methodist Hospitals will continue to expand the population served through same site growth, new program development and network development as well as through strategic alliances and partnerships with mission compatible providers, community and social organizations.

Professional nurses, and in particular advanced practice nurses, can play a large role in establishing nurse-managed health and wellness clinics and programs based on a community needs assessment.

Strategy A: Community Health Needs Assessment (CHNA)

- Tactic: Utilize the CHNA to develop annual goal
- Tactic: Identify community resources which may prove to be effective partners in the expansion of services
- Tactic: Plan and implement strategies with intentions to meet goals
- Tactic: Increase the number of staff nurses in community health outreach.

Strategy B: Organic Revenue Growth

- Tactic: Partner w/ LTACs, SNFs to increase admissions
- Tactic: Neonatal home follow-up program
- Tactic: Increase APN led Outpatient initiatives

Strategy C: New Programs

- Tactic: Health and wellness screening programs (Health and Fun Fest), partner with area businesses/civic organizations
- Tactic: Collaborate with parish/church nurse program
- Tactic: Develop a discharge holding area
- Tactic: Evaluate the benefit of a nurse run Urgent Care Center
- Tactic: Mobile Nurse Managed Clinic (Van)
- Tactic: Evaluate underutilized space to provide enhanced services for employees (sick day care)
- Tactic: Develop relationships with schools for development of school based clinics
- Tactic: Develop close relationship with FQHC's

Strategy D: New Knowledge, Innovations and Improvement

- Tactic: Establish nurse representation and participation on IRB Committee
- Tactic: Establish EBP fellowships for direct care nurses