Utilizing Data to Transform Healthcare

Elena Memoracion, DNP, RN, NEA-BC
Margaret Duffy, PhD, RN, NEA-BC
Kerri Anne Scanlon, MSN, RN
Disclosure

Presenters have no actual or potential conflict of interest in relation to this program/presentation.
Session Objectives

- Understand innovative concepts to drive change across the organization.
- Identify best practices and strategies to improve service, quality, and employee engagement.
- Utilize data to identify and sustain performance improvement.
North Shore University Hospital (NSUH)
Northwell Health ~ Manhasset, New York

- Quaternary facility of Northwell Health
  - Sandra Atlas Bass Heart Hospital
  - Cushing Neuroscience Institute
  - Level I Trauma Center
  - Transplant Center
- 738 certified beds
- 1,950 RNs/500 ancillary support staff employed
- JC Centers of Excellence
  - Advanced Comprehensive Stroke
  - Advanced Inpatient Diabetes
  - Bariatric Surgery
  - Advanced Palliative Care
Case Study

In 2012, NSUH’s performance was below the national benchmark

- Nurse-sensitive quality indicators
  - Falls Injuries
  - HAPI
  - CLABSI
  - CAUTI
- RN satisfaction
- Patient experience

We were challenged to perform better
Raw Number Matters

- **565** Falls
- **256** Hospital-acquired pressure injuries
- **18** Fall injuries
- **169** ICU Catheter-associated UTI
- **75** Non-ICU Catheter-Associated UTI
- **40** ICU/Non-ICU CLABSIs
Compelling Vision

Achieve measurable safety-quality improvements in nurse-sensitive indicators through prevention:

- Falls & Fall Injuries
- Hospital-Acquired Pressure Injuries
- Central line Bloodstream Infection
- Catheter-Associated Tract Infection

Annual Goal: 25% Reduction
Stretch Goal: 50% Reduction
Planned Change Was Necessary

1st Nursing & Quality Retreat – July 2013
Nursing Transformation Began May 2013

Nursing Quality Council – August 2013
Interdisciplinary Task Force Developed Improvement Strategies

PCS & Unit Dashboards Developed
Integration of Evidence-based Practice

Developed Nursing Strategic Plan
Task Force Leader Frontline Staff Participation

Staff Education / Staff Competency
Providing a Clear Direction for our Team

Transformational Leadership starts with establishing a Meaningful, Measurable, Achievable, and Challenging Shared Vision that motivates and inspires all members of the team.
Nursing Quality Council

- **Structure**
  - Co-chairs - Nurse Leader and Staff RN
  - Members: Directors, Nurse Managers, Educators, Quality Champions - frontline staff RNs/PCAs

- **Process**
  - Monthly meeting – 1st Wed of every month
  - Standing agenda: PCS Dashboard, medication/pharmacy update, lessons learned, unit-level & organization performance improvement projects, best practices
System Level Nurse Executive Council

Hospital Nursing Leadership

Hospital Nursing Quality

Hospital CCC

RN Quality Champion

Unit Level Quality

Set expectations and goals

Operationalize Standards and Hospital Quality Initiatives

Structure for Nursing Quality Improvement
The Quality Paradigm

Exceptional Patient Outcomes
Outcome data is at the heart of providing healthcare.

Nursing Quality Process
Process is only as good as its design and ability to be consistently followed and improved upon.

Nursing Quality Structure
Essential for creating a quality program that is meaningful and comprehensive in the basic elements that are tracked for quality.
Components of a Quality Management System

- Ensuring reliable processes
- Decreasing variation and defects (waste)
- Focusing on achieving better outcomes
- Using evidence to ensure that service is satisfactory

Source: CAMH update 2, January 2015
Nursing Performance Improvement

Transformation from Retrospective to Concurrent Performance Improvement

- Collaborative Tracer Methodology
- Minimized number of quality audits
- Reduced from 30 outcome monitors to 4 interdisciplinary tracers/month
  - Two Service-line NM/ANM Lead
  - One NM & Quality Mgt
  - One Unit-based NM/ANM
- Total of 120 are done per month for all of NSUH
- Engagement of frontline staff
- Peer Review
How We Engage Employees

Traditional Design

Top Down

Leadership

• Directing
• Controlling
• Decision-making
• Change Initiation

Today’s Design

Top Down

Leadership

Strategic Plan
• Guiding
• Leading
• Vision

Employees

• Decision-making
• Problem Solving
• Change Initiation
• Cross-functional teams
• Empowerment

Bottom Up
The Champion Model: Internal Expertise Creating an Army for Frontline Change

- **Reward & Recognition**
  - Staff Empowerment and Development
    - Internal Expert Mentorship
      - Mobility: 163
      - Hourly Rounding: 115
      - Pt Exp Ambassadors: 159
      - Patient Safety: 88
      - Diabetes: 224
      - Quality RNs: 45
      - Skin Resource: 68
      - CAUTI: 160

+ Employee Engagement and NDNQI Survey Ambassadors!
Champion Model Infrastructure

- Patient Care Service Leader/Mentorship
  - Diabetes
  - Skin
  - CAUTI
  - Quality
  - PCA Quality
  - Patient Experience Ambassadors

- Regular Meetings
- Champion Application Criteria
- Initial & Ongoing Competency and Education
- Professional Development
- Reward & Recognition
- Requirements to Maintain Champion Status

Initial & Ongoing Competency and Education

Reward & Recognition
Recipe for Champion Engagement Success

- Maintaining a regularly scheduled meeting agenda
- Promoting a ‘learning culture’
  - Educate the experts
- Utilizing data/dashboard to assess progress toward goals
- Focusing on evidence-based practice protocols
- Encouraging peer-to-peer support
- Supporting activities that promote accountability
- Listening and responding to champion feedback
- Embracing innovative ideas
- Sustaining positive changes
Meet our Champions...
Collaborative Care Council Agenda

- Patient Experience
- Quality and Safety
- Operational Performance
- Healthy Work Environment
Dashboard: An Essential Element of the Strategic Planning Process

- Aligned with organizational mission, vision and priorities
- Enabled assessment of organizational performance against targets
- Allowed for quick easy monitoring towards monthly goal utilizing a color-coding schema
- Established annual process to assess indicators for value, relevance, review next year’s goals and potential new indicators
Collecting Data Is Not Enough

- Transparent Communication of Performance Results
  - Directors Council
  - PCS Leadership Council
  - Nursing Quality Council
  - Collaborative Care Councils
  - Unit Staff Meetings
  - Open Forum
  - Safety Rounds
  - Administrative Rounds
  - Bed Meetings
  - Unit Quality Board
### Hospital Safety

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>YTD</th>
<th>2017 Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls Index</td>
<td>1.06</td>
<td>1.02</td>
<td>1.17</td>
<td>1.25</td>
<td>1.05</td>
<td>1.09</td>
<td>0.89</td>
<td>1.18</td>
<td>0.84</td>
<td>1.01</td>
<td>1.06</td>
<td>1.01</td>
<td>0.96</td>
<td></td>
<td>-5% -10%</td>
</tr>
<tr>
<td>Falls #</td>
<td>285</td>
<td>18</td>
<td>25</td>
<td>27</td>
<td>18</td>
<td>23</td>
<td>24</td>
<td>19</td>
<td>25</td>
<td>18</td>
<td>220</td>
<td></td>
<td></td>
<td></td>
<td>-5% -10%</td>
</tr>
<tr>
<td>Falls With Injury Index</td>
<td>0.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.04</td>
<td>0.04</td>
<td>0.04</td>
<td>0.04</td>
</tr>
<tr>
<td>Falls Injury #</td>
<td>11</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
<td></td>
<td>-5% -10%</td>
</tr>
<tr>
<td>Pressure Ulcer Index</td>
<td>0.09</td>
<td>0.05</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.10</td>
<td>0.06</td>
<td>0.15</td>
<td>0.03</td>
<td></td>
<td></td>
<td></td>
<td>0.09 0.09 0.03</td>
</tr>
<tr>
<td>Pressure Ulcer #</td>
<td>22</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>22 21 20</td>
</tr>
</tbody>
</table>

### Infection Control

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>YTD</th>
<th>CMS Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTI/CLABSI Composite CMS SIR *New Baseline</td>
<td>0.64</td>
<td>0.63</td>
<td>0.69</td>
<td>0.60</td>
<td>0.38</td>
<td>0.51</td>
<td>1.09</td>
<td>0.13</td>
<td>1.74</td>
<td>0.47</td>
<td>0.51</td>
<td>0.64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAUTI/CLABSI #</td>
<td>48</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>3</td>
<td>38</td>
<td></td>
<td></td>
<td>48 43 41</td>
</tr>
<tr>
<td>CAUTI Non ICU CMS SIR *New Baseline</td>
<td>0.64</td>
<td>1.12</td>
<td>0.73</td>
<td>0.60</td>
<td>2.23</td>
<td>0.59</td>
<td>1.51</td>
<td>0.00</td>
<td>1.94</td>
<td>0.00</td>
<td>0.61</td>
<td>0.81</td>
<td></td>
<td></td>
<td>0.822</td>
</tr>
<tr>
<td>Non-ICU CAUTI #</td>
<td>13</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>13</td>
<td></td>
<td></td>
<td>13 12 11</td>
</tr>
<tr>
<td>CAUTI ICU CMS SIR *New Baseline</td>
<td>0.77</td>
<td>0.63</td>
<td>0.54</td>
<td>0.00</td>
<td>0.00</td>
<td>0.53</td>
<td>0.00</td>
<td>0.00</td>
<td>1.55</td>
<td>0.55</td>
<td>0.51</td>
<td>0.59</td>
<td></td>
<td></td>
<td>0.822</td>
</tr>
<tr>
<td>ICU CAUTI #</td>
<td>20</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td></td>
<td></td>
<td>20 18 17</td>
</tr>
</tbody>
</table>
Professional Development

| 2016 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD | 2017 TARGETS |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| % RNs With Certification | 23.3% | 53.4% | 54.7% | 54.2% | 54.2% | 54.5% | 54.3% | 54.8% | 55.2% | 55.3% |
| Direct Care RN # | 7,322 | 7,322 | 7,341 | 7,720 | 7,769 | 7,722 | 7,612 | 7,772 | 7,744 | 7,799 |
| Denominator | 1,373 | 1,373 | 1,430 | 1,432 | 1,416 | 1,410 | 1,409 | 1,402 | 1,395 | 1,393 |
| % RNs With Certification | 64.0% | 63.2% | 66.3% | 63.1% | 63.9% | 61.9% | 61.0% | 61.2% | 60.3% | 62.5% | 61.7% |
| Leadership # | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 150 | 61 |
| Denominator | 172 | 172 | 172 | 172 | 172 | 172 | 172 | 172 | 172 | 172 | 172 | 172 | 81 |

Financial Performance

| 2016 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD | 2017 TARGETS |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| RN Turnover Rate | 8.8% | 8.6% | 8.3% | 8.7% | 8.5% | 8.4% | 8.3% | 8.2% | 8.1% | 8.0% | 8.0% | 8.0% | 8.0% | 7.2% |
| Turnover # | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 72 |
| RN Vacancy Rate | 2.2% | 2.3% | 2.4% | 2.5% | 2.6% | 2.7% | 2.8% | 2.9% | 3.0% | 3.1% | 3.2% | 3.3% | 3.4% | 2.2% |
| Open FTEs | 25.6 | 25.6 | 25.6 | 25.6 | 25.6 | 25.6 | 25.6 | 25.6 | 25.6 | 25.6 | 25.6 | 25.6 | 25.6 | 20.8 |
| NRSNG OT Variance To Budget (000s) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) | ($3,429) |
| FTEs | -13.6 | -13.6 | -13.6 | -13.6 | -13.6 | -13.6 | -13.6 | -13.6 | -13.6 | -13.6 | -13.6 | -13.6 | -13.6 | 1.5 |

Patient Experience

| 2016 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD | 2017 TARGETS |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------------|
| Number of Surveys (a) | 8,858 | 7,132 | 6,442 | 6,722 | 6,659 | 6,712 | 6,762 | 6,827 | 6,627 | 6,566 | 6,477 | 6,283 | 6,283 |
| Nursing Communication Percentile | 43.0 | 35 | 44 | 50 | 60 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 49.0 |
| Nursing Communication Percentage #Top Box | 79.7 | 79.7 | 79.7 | 79.7 | 79.7 | 79.7 | 79.7 | 79.7 | 79.7 | 79.7 | 79.7 | 79.7 | 79.7 | 80.2 |
| Composite Top Box % Performance | 75.9 | 75.9 | 75.9 | 75.9 | 75.9 | 75.9 | 75.9 | 75.9 | 75.9 | 75.9 | 75.9 | 75.9 | 75.9 | 76.0 |
Data Driven Leadership: Patient Care Services Dashboard

Executive Leadership
• Dashboard provides timely, comprehensive information at a glance for review with the executive team to consistently track progress toward organizational goals

Departmental Leadership
• Hospital dashboard reviewed at organizational leadership meeting and opportunities and successes for interdisciplinary partnership are examined and discussed

Unit Leadership
• Hospital dashboard and unit-level trends reviewed at departmental leadership meetings
• Best practices are shared across the leadership teams

Collaborative Care Councils
• Staff champions review unit dashboard and present to peers at unit CCC meetings
• Data used to direct work and track progress monthly
Leveraging Data to Drive Improvement

- If a unit is not meeting the goal in any of the clinical indicator
  - Unit Nurse Manager / ANM, frontline staff and interdisciplinary team sought to understand the “Why”
  - Look for patterns and trends
  - Drill down to find the root cause
  - Recognize and celebrate successes

- Accountability increased throughout the organization
- Cultural change started and became evident
PDSA: Fall Reduction

Goal: 25% Reduction   Stretch: 50% Reduction

Fall Prevention Program
Integration of TeamSTEPPS
Partnership for Patient/family
Medication Review
Hourly Rounding
Fall-Free Days Tracking
Lessons Learned

North Shore University Hospital
Northwell Health™
Pressure Injury Performance Improvement Strategy

- Increase and mobilize Skin Champion model
- Increase prevalence from quarterly to monthly utilizing skin champions
- Distinguish non pressure ulcers and remove from reporting

**Skin Champions Model**

1. Introductory course: prevalence, documentation
2. Course 2: Treatments - What to do and why

**Monitoring**

- Monthly Lunch and Learns: Scheduled topics repeated each month in the quarter

**Rounding & Consults**

- PCA champions: Basic course on prevention: nutrition, movement and moisture
- Prevalence from quarterly to monthly utilizing champions
- Random audits on the units of the monthly skin forms
- Consults for stage 3 and higher community acquired PIs and all wounds
- WOCN sees all patients listed as having HAPIs - any stage
Catheter-Associated Urinary Tract Infection

- Multidisciplinary Task Force
- Pocket Algorithms/Bundles
- Best practice education
- CAUTI Champions
- Daily Surveillance
- Real-time Staff Feedback
- Competency on foley insertion and maintenance
- Standardized electronic reporting of foley days
- Root-Cause Analysis
Central Line-Associated Bloodstream Infection

- Central Line Bundle
- Daily rounds utilizing a monitoring tool
- Recommend alternate access
- New design of central line dressing kit
- Maintenance and surveillance by IV Team
- Use of Biopatch and Curos
- Dialysis Catheter Access and Maintenance
  - Daily Audit of Dialysis Catheter Dressing
- Hibiclens Bath
- Root-Cause Analysis
Culture of Safety

Just Culture
Leadership Support
Communication
Team

Our patients and staff are at the center of safety at NSUH
Just Culture: Reporting to Improve, Not Blame

Need to be supported and embodied at the top of the organization
Staff Recognition: A Top Opportunity for Employee Engagement

- Professionally meaningful recognition
  - Linked to specific accomplishments
  - Delivered by peer or someone professionally important to the individual
- Timely
- Easily accessible recognition tool
- Clear performance or behavioral criteria to trigger staff recognition

Real-time Thank you
MyRecognition
Shining Stars
Center of Excellence
PFC Caring Heart, Hospital Hero
## Use of Data Yielded Improved Outcomes: 2012-2016

<table>
<thead>
<tr>
<th>Indicator</th>
<th># of Events 2012</th>
<th># of Events 2016</th>
<th>Percent Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-Acquired Pressure Injuries</td>
<td>256</td>
<td>22</td>
<td><strong>91%</strong></td>
</tr>
<tr>
<td>Falls</td>
<td>565</td>
<td>284</td>
<td><strong>50%</strong></td>
</tr>
<tr>
<td>Fall Injuries</td>
<td>18</td>
<td>11</td>
<td><strong>39%</strong></td>
</tr>
<tr>
<td>Catheter-Associated UTI</td>
<td>144</td>
<td>41</td>
<td><strong>72%</strong></td>
</tr>
<tr>
<td>Central-Line Associated Bloodstream Infection</td>
<td>40</td>
<td>15</td>
<td><strong>63%</strong></td>
</tr>
</tbody>
</table>
NSUH vs. National Benchmark

2012-2013
% of units outperform
- Hospital-acquired pressure injuries
  - 67%
- Falls with Injury
  - 52%
- CAUTI ICU/Non-CU
  - 48%
- CLABSI ICU/Non-ICU
  - 76%

2015-2016
% of units outperform
- Hospital-acquired pressure injuries
  - 100%
- Falls with Injury
  - 95%
- CAUTI ICU/Non-CU
  - 77%
- CLABSI ICU/Non-ICU
  - 96%
NDNQI RN Satisfaction Survey

7 of 7 Categories Outperform the Magnet Mean
NSUH HCAHPS Domains

Year over Year National Percentile Rank

Recommend the hospital
Comm w/ Nurses
Responsiveness
Care Transitions

2014 2015 2016 2017 YTD
Driving Engagement Through Empowerment

NSUH Press Ganey Employee Engagement Survey Results
Healthcare National Average Comparison

Goal Achieved!

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>4.12</td>
<td>48th</td>
</tr>
<tr>
<td>2014</td>
<td>4.21</td>
<td>63rd</td>
</tr>
<tr>
<td>2016</td>
<td>4.27</td>
<td>76th</td>
</tr>
<tr>
<td>2017</td>
<td>4.30</td>
<td>85th</td>
</tr>
</tbody>
</table>
What is our Learning Culture?

A culture that supports a “growth mindset,” an independent quest to acquire knowledge and develop expertise, and shared learning directed toward the mission and goals of the organization.
Hallmarks of a Learning Culture

- Cultivate a “growth mindset”
- Make work “educational”
- Make knowledge sharing a habit
- Make performance management (metrics) a driver of development
- Infuse “enthusiasm” into each teaching moment
- Encourage team ethic and peer support
- Support creativity, innovation, and candor
- Support risk-taking

Make every moment about learning!
Supporting Clinical Advancement of Staff
*(Clinical Ladder Program for RNs and Patient Care Associates)*

- Enhances ‘learning culture’ by promoting continuing education opportunities
- Supports performance improvement and research activities
- Encourages staff to align unit projects with strategic initiatives
- Engages in recognition of staff accomplishments
Promoting Specialty Certification

- Multi-modal approach to certification preparation across service lines
- Strategic assessment of eligibility by unit educators
- Focus on cohort-style learning to foster peer support and mentorship
- Utilization of “no pass, no pay” strategy with ANCC Success Pays™ program
- Focus on “Recognition”

### Direct Care RNs

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>28%</td>
</tr>
<tr>
<td>2014</td>
<td>36%</td>
</tr>
<tr>
<td>2015</td>
<td>45%</td>
</tr>
<tr>
<td>2016</td>
<td>50%</td>
</tr>
<tr>
<td>2017</td>
<td>55%</td>
</tr>
</tbody>
</table>

**2017 NSUH Goal 53%**
Academic Progression: Frontline RNs
BSN & Advanced Degrees

Goal Achieved!

BSN+ Rate for Clinical Nurses has Increased by 19% since 2012
= almost 400 RNs!
...and Achieved the IOM Report Recommendation 4 years early
Promoting Specialty Certification

Direct Care RNs

- 2013: 28%
- 2014: 36%
- 2015: 45%
- 2016: 50%
- 2017: 55% (Goal: 53%)

Leadership RNs

- 2013: 51%
- 2014: 53%
- 2015: 62%
- 2016: 64%
- 2017: 63% (Magnet Mean: 57%)

Goal Achieved!
Clinical Ladder Sustainment & Leveraging Frontline Leaders

Formal recognition program to acknowledge frontline nurses for their clinical expertise and commitment to patient care based on peer reviewed professional portfolio.

Awarded points in professional development focus areas:

- Research
- Education
- Service Excellence
- Leadership
- Quality

Graph showing the number of NSUH Clinical Ladder RNs over the years.
2017 Patient Care Associate Clinical Ladder

- Recognition opportunity for our PCAs, created here at NSUH
- Peer Reviewed portfolio process mirroring RN clinical ladder

<table>
<thead>
<tr>
<th>Education</th>
<th>Pt/Customer Experience</th>
<th>Leadership</th>
<th>Service Excellence</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>CL 1</th>
<th>CL 2</th>
<th>CL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>7</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Pt/Customer Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Excellence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Healthcare Transformation

...From

Provider Centric
Episodic Fragmented Care
Variation in Care Delivery
Limited Information Access
Value Blind Reimbursement
Paper-Based
Disease & Treatment
Passive
Inpatient Focused
Baby Boomers
Government as Major Payer

...To

Patient/Family Centric
Continuous and Coordinated
Standardized & Evidence-based Care
Transparent & Publicly Reported
Value Based Reimbursement & Accountability
Digital and Accessible Across Continuum Health/Wellness and Prevention
Involved and Informed
Ambulatory & Home Focused
Gen X & Millennials & Diverse
Government as Primary Payer
Road Map for Excellence

- **Transformational Leaders**
  - Creates the vision for the future
  - Listen, challenge, influence and affirm

- **Structural Empowerment**
  - Engaged/empowered workforce
  - Innovative

- **Professional Practice**
  - Autonomy
  - Professional Model of Care

Clinical Quality
Aim
• Develop nurses/clinical staff at every level to achieve maximum potential and advance their professional and organizational goals.

Aim
• Reinforce a culture of safety and clinical quality that facilitates learning, innovation, and evidence-based nursing care.

Aim
• Promote the highest levels of patient experience and actively engage patient and family as partners in care.

Aim
• Promote an environment of interprofessional collaboration reflected in our Culture of C.A.R.E. resulting in high levels of engagement and satisfaction.
2017 NSUH PCS Goals

**Healthy Work Environment**
- PCS employee engagement score greater than 4.20
- Outperform national benchmark for RN satisfaction (NDNQI survey)

**Professional Development**
- 80% BSN for staff
- 100% BSN for leaders
- 48% Certified for staff
- 64% Certified for leaders
- 360 Clinical Ladder RNs
- 10% Increase podium/poster
- Complete one Nursing Research study

**Safety & Quality**
- Outperform national benchmark for clinical indicators:
  - Falls & Falls with injury
  - C-Diff
  - CLABSI
  - CAUTI
  - HAPU

**Patient & Family Experience**
- 71st percentile Recommend the Hospital
- 50th percentile HCAHPS Nursing Communication
- Outperform national benchmark in Patient Education, Care Coordination, Courtesy, Responsiveness, and Pain

**PCS employee engagement score greater than 4.20**

**Outperform national benchmark for RN satisfaction (NDNQI survey)**
NSUH Building Blocks of Success

- Building a Strong Foundation
- Developing Frontline Staff
- Engaging Our Professional Workforce
- Innovating & Transforming
- Patient Centeredness
- Engagement
- Learning Culture
- Team: Leadership & Staff
“Set your sights high, the higher the better. Expect the most wonderful things to happen, not in the future but right now. Allow absolutely nothing to hamper you or hold you in any way.”

Eileen Caddy
References


References


Thank you!