

ATLANTIC GENERAL 2020 VISION

NURSING AND PATIENT CARE SERVICES

Strategic Plan





Nursing and Patient Care 2020 Vision

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Mission, Vision and Values



Our Values

We believe in putting “PATIENTS” at the center of our values:

P ~ Patient Safety First

A ~ Accountability for financial resources

T ~ Trust, respect and kindness

I ~ Integrity, honesty & dignity

E ~ Education – continued learning & improvement

N ~ Needs of our community – community commitment

T ~ Teamwork, partnership & communication

S ~ Services and personalized attention

These values are honored in all we do for our patients, visitors, medical staff, associates, partners and volunteers.

Patient & Family Centered Model



Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care. Patient- and family-centered practitioners recognize the vital role that families play in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. They acknowledge that emotional, social, and developmental support are integral components of health care. They promote the health and well-being of individuals and families and restore dignity and control to them.

Patient- and family-centered care is an approach to health care that shapes policies, programs, facility design, and staff day-to-day interactions. It leads to better health outcomes and wiser allocation of resources, and greater patient and family satisfaction.

Core Principles of Patient Centered Care Model at Atlantic General Hospital

Respect and dignity. Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing. Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

Participation. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

Collaboration. Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Partnership. Values include teamwork and partnership at AGH including our responsibility towards respect and kindness to all and integrity, honesty and trust in all of our partnerships. These values are honed in all we do for our patients, visitors, medical staff, associates, partners and volunteers.

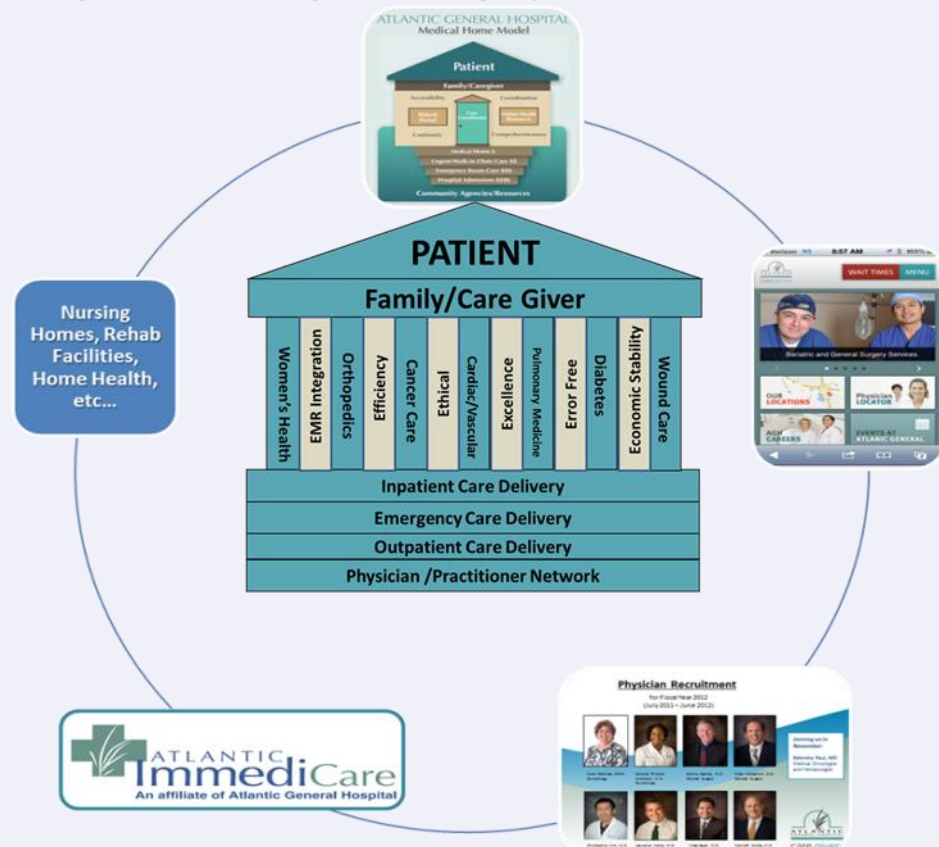
“E” Strategy Deployment

A Message from the Vice President of Patient Care Services and the Chief Nurse Officer

From 2010-2015, we deployed our Nursing initiatives to support the “E” Strategy – developing the operational environment and principles that supported AGH/HS meeting the needs of our community at that time. The “E” Strategy supported the investment in Electronic Medical Record Integration, Efficiency, Ethical choices and care delivery models, Excellence in service delivery and operational performance, Error Free in care delivery to our patients, and Economic Stability of our organization to be here in the future for our community.

Up until 2014, the system of care in Maryland and throughout the U.S. was a hospital-centric model of care delivery. In our community and in Maryland, AGH/HS was often a leader in advancing this model of care design and nurses were on the forefront of these delivery models.

Thank you to over 200 associates providing direct patient care delivery or leadership throughout AGH/AGHS that came together to create the new Patient Care Strategic plan to support the 2020 Vision. It has expanded from a nursing plan to a patient centric plan in keeping with our vision.



Update on the Nursing “E” Strategy

A Message from the Vice President of Patient Care Services and the Chief Nurse Officer

The past five years since the strategic plan was first published have been filled with transformation, health care reform and challenging growth, not only at AGH but nationally. As senior leaders we cannot be more proud of the accomplishments of the AGH associates, leadership team, professional colleagues, and physician partners. Congratulations, through all of your efforts and contributions we have achieved all the successes that I have the privilege of discussing today in this report. Together we have achieved over 90% of our strategic initiatives outlined in our Nursing Strategic Plan 2011-2015.

Our new organizational 2020 vision focuses on care coordination, partnership and achieving overall health for our community. Accomplishing the initiatives in our previous "E" Strategy has placed us on a trajectory towards success with our future goals. Some of the major accomplishments from the 2010-2015 “E” Strategic Plans include:

Electronic Medical Records Systems- deployment of an electronic medical record (PERKS) in our E.D., ambulatory and inpatient areas, closed loop medication safety system which reduced our medication errors by 87% and smart pumps reduced our IV infusion errors to zero.

Efficiency-To improve efficiency and access to technology we added in room computers, Care.Connection for our patients and portable telephones for our team members which consolidated alarm notification into a single device. A focus on our discharge process led to decreased late discharges, improved throughput, improved printed and personalized education and health information for our patients. Improved access to testing on weekends and standardization of supplies along with a new transport service helped improve the inpatient flow.

Ethical Conduct- Courses were offered to focus our efforts on teamwork, communication and partners in patient care such as HUGGS and Crucial Conversations. Development of unit based codes of conduct and expanded Shared Leadership Councils both organizationally and at the unit level have created shared expectation and engagement, improved culture of safety scores, Nursing Engagement Survey and PRIDE survey scores. Eight nursing research projects have been conducted at AGH and presented at both national and local conferences.

A Message from the Vice President of Patient Care Services and the Chief Nurse Officer cont.

Excellence- Continuous improvement has occurred in reducing mortality secondary to early identification of sepsis (rapid response), reduced medication errors, reduced hospital acquired wounds, CAUTI, CLAPSI and although not yet achieved to the targeted benchmark we have seen improved results in patient experience scores, hospital acquired wounds and fall reduction. Our reporting for quality has become much more sophisticated statistically allowing us to benchmark nationally through NDNQI, a nursing quality data base. We have consolidated ICU and PCU, added new services such as behavioral health services, urology and expanded bariatric services to include non-surgical alternatives. Patient care outcomes have received awards and been recognized through attaining Gold Status for our stroke center and achieving the circle of honor at the Maryland Patient Safety Center's Minogue award multiple times. Our Wound Care Center has been recognized as a Robert A. Warriner Center of Excellence every year since 2007. Joint Commission accreditation has been achieved and maintained.

Error Free- We continue to promote advancement of nurses through their education and certification in their specialty. Our current scholarship has been expanded to support three new nurses per year and a new scholarship for RN to BSN has been approved and implemented. Certification review courses are now available on line through Healthstream along with 1800 CEU programs for nurses and other clinical professionals. Retail pharmacy, RediScripts Our W in October and is decreasing the risk of readmission and lowering the cost of our prescription program for associates. Hospital acquired infections including surgical site infections all remain below benchmark. VAPS have been eliminated. Readmissions have been reduced to below Maryland benchmarks through improved care coordination and collaboration with referral agencies. Two AGH nurses achieved Doctorial status, Lisa Bayles CRNP and Althea Foreman, ED Nurse Manger.

Economic Stability – Patient and Associate Centered Medical Home Models were implemented and are proving to be instrumental in reducing hospital recidivism and lowering costs for our patients through improved overall health. Network of Care, originally for mental health has been expanded as a safety net of resource available for all services in the region. Care management has been implemented in the ED and expanded throughout the 24 hours through our patient care supervisors. Collaboration with BNRC has been achieved with a new vent unit in the community and through the use of care decision algorithms and telemedicine readmissions have been significantly reduced. A new pain center and Pulmonary Clinic opened in November to improve management of chronic disease in our community.

Colleen Wareing, VP of Patient Care Services

Shared Leadership Council Update

The Education / Work Environment Council has held receptions annually to recognize associates who have completed advanced degrees beyond those required for their position and who have attained certification in their specialty. In addition this year they have had a campaign to advocate and educate our team on utilization of the "Teach Back" method and offered Joint Commission Preparedness games. Two articles in Worcester County Times on Mock Codes and Teach Back were submitted to educate the community. Significant internal promotion has occurred to promote our mentoring program. Each year this group has reviewed the associate incentive plan and made recommendations for improvements, conducted and reviewed the educational survey and educational plan and completed an action plan for the Pride Survey on alternate years.

Nursing Peer Review Council

Two mock chart reviews have been held to educate nurses on the concepts of peer review. As a result of peer review there have been several changes on the inpatient areas to improve quality around telemetry monitoring and transition of care. The Peer Review Council has encouraged nurses to participate in professional growth through the process of peer review using nurses from departments throughout the hospital.

Practice Council

Policies are now up to date in Policy Tech. The Practice Council has reached out to the authors and encouraged them to get them updated and offered their support and help as well. Major policies revised this year include Blood Transfusion, IV therapy, Restraints and Informed consent. Upcoming major policy revisions include Skin and Wound care, Care Planning, Interdisciplinary Rounding and Pediatrics.

Performance Improvement and Patient Safety (PIPS)

This team has concluded its work on Catheter related infection prevention for both Central lines and Urinary Catheters having achieved below national benchmark on both preventable conditions. The Falls team, although seeing significant improvement will remain under active monitoring through PIPS. Patient Experience is seeing significant improvement in outcomes as well, now achieving primarily a "green" report with only two areas in red which remain quietness at night and cleanliness. This team will remain on active monitoring until our organizational goal is achieved for at least two consecutive quarters. The chair continues to attend and submit reports as an active member our AGH Organizational Quality Committee.

Professional Nurse Council

Researched and implemented the Daisy Nurse Program at AGH. Through the Daisy Program they also redesigned the Nurse of the Year Recognition Program. Based on the Institute of Medicine's aim to increase the number of advanced degree nurses to 80% at the bedside by 2020 the council conducted a survey to identify barriers and develop a plan for AGH. The survey identified time and finances as the major barriers so they developed a scholarship program for RN to BSN for existing nurses. In addition based on recent studies which have identified that a 10% increase in the BSN workforce proportion reduced the odds of patient mortality (death) by 10.9% (Yakusheva, et al., 2014) the group recommended and it was approved that effective January 2016 new nurse hires will be expected to attain a bachelor's degree within five years of hire at AGH. Two AGH nurses attained Doctoral status, Althea Foreman and Lisa Bayles in 2015.

Research (CSI- Council of Scientific Investigation) has been responsible for the oversight of several nursing studies including: Nurse Perception of eCare which was included in a national presentation, Forensic Nurse Examination and early identification, Bariatric Outcomes for a non-surgical intervention program, Reduction in recidivism for the over 65 population in the ED and Polypharmacy and reducing risk in the elderly. The council continues to promote the spirit of inquiry and to be available to partner on research studies throughout the region.

Unit Based Councils- Medical Surgical Services implemented a shared leadership team on the unit in 2014. This team has been instrumental in redesign of the scheduling guidelines, holiday packages, millwork redesign and the proposed redesign of the patient care area and nursing stations.

Nurse Practitioner Council- Accomplishments include promotion of the role of the CRNP, institution of peer review, attaining voting rights of the CRNP when serving on a medical staff committee, representation on Credentialing Committee and ongoing review and advocacy for the expansion of practice standards

2020 Vision Executive Summary

Continuing to build upon our Mission “To create a coordinated care delivery system that will provide access to quality care,” the Patient Care 2020 Vision will drive strategic decisions toward integration beyond the acute care facility. These decisions will build upon the current investments in developing community-based care delivery systems that incorporate primary care, specialty care, and care management of chronic conditions in collaboration with Acute Care Services, Patient Centered Medical Home and Transitions in Care. Accomplishing our Vision will require disciplined investment of time and resources in the “Right” principles: A commitment toward the triple aim of improving patient experience, quality of care while achieving reduced patient costs for care will be our goal.

Our “2020 Vision” will build upon our distinctive competencies to create a new system of health. Investment in technology-based solutions will facilitate care being distributed more evenly throughout our region, creating equity in access to all. Building upon our health literacy initiatives and our relationship with the Worcester County Health Department, we will be a leader in addressing the individual factors that affect health promotion and prevention of disease. Continuing to promote health care interventions driven by patient-centered values to improve individual function and well-being will result in improved quality of life for those who choose to live in our community.

We recognize this vision will require changes in practice and preparation of our nurses. The eight recommendations by the Institute of Medicines report: *Future of Nursing: Leading Change, Advancing Health* will serve as our guide.

RIGHT CARE. RIGHT PLACE. RIGHT PEOPLE. RIGHT PARTNERS. RIGHT HOSPITAL.

Right Care - Patient/Family Centric, Error Free, Primary Care Provider-Driven, Timely Delivery, Best Practice Protocols;

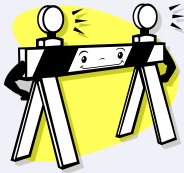
Right Place – Appropriate Distribution of Primary Care, Availability of Specialists, Telemedicine, Community-Based vs. Hospital Based;

Right People – Needs-Based Provider Recruitment, Service Orientation, Right Training, Continuous Learning;

Right Partners – Advanced Acute Care Referral Relationships, Rehabilitation Care, Long-Term Care, Home Health Care, Supportive Care/Hospice, Mental Health Care, Accountable Care;

Right Hospital – The Right Leader for Coordinated Quality Care in our Community.

Institute Of Medicine Future of Nursing Recommendations for 2020



Recommendation 1:
Remove scope-of- practice barriers



Recommendation 2:
Expand opportunities for nurses to lead and diffuse collaborative improvement efforts



Recommendation 3:
Implement nurse residency programs



Recommendation 4:
Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020



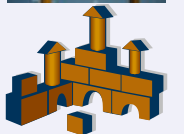
Recommendation 5:
Double the number of nurses with a doctorate by 2020



Recommendation 6:
Ensure that nurses engage in lifelong learning



Recommendation 7:
Prepare and enable nurses to lead change to



Recommendation 8: Build an infrastructure for the collection and analysis of inter-professional healthcare workforce data

Right Care - Patient & Family Centric, Error Free, Primary Care Provider-Driven, Timely Delivery, Best Practice Protocols

- Increase patient access to care and assure connectivity to their Primary Care Providers
- Develop evidence-based practice tool kits, clinical protocols, and order sets for high risk and high volume clients to enhance top of license practice across the care continuum:
 - Pulmonary Chronic Care Clinic
 - Sepsis 3 & 6 Hour Bundles
 - Anticoagulation Therapy Protocols
- Implement a single source integrated medical record
- Assure right patient in the right bed at the right time by assessing appropriateness and timeliness of admissions and discharges
- Improve availability and effectiveness of technology tools and clinical care communication systems
- Streamline transition in care and discharge processes through use of patient summary screens
- Incorporate an evidence based geriatric model into physical redesign, care planning and care coordination
- Expanded hours for Pharmacy and RediScripts to assure medication reconciliation and availability
- Enhance performance on measures tied to payment in the GBR value based reimbursement model
- Achieve zero defect for preventable complications
- Implement an effective system-wide patient education program for evidence-based, patient & family centered education using a multidisciplinary approach



Right Place – Appropriate Distribution of Primary Care, Availability of Specialists, Telemedicine, Community-Based vs. Hospital-Based



- Increase access to specialists through the use of telemedicine for necessary physician and nurse specialist services across the care continuum
 - Gerontology, Infectious Disease, Endocrinology and Pulmonology
- Implement targeted, coordinated and measurably effective community education
- Enhance access to services for targeted populations: behavioral health, the homeless, Hospice/Respite, Supportive Care, Long Term Care, walk-ins, and pediatrics
- Expand access to complimentary health services
- Redesign of Patient Safety Aide program and Fall Reduction Program
- Utilization of PCMH for home-based care, monitoring, medication management and education
- Evaluate utilization & cost appropriateness of evidenced base practice guidelines
- Finalize Master Site Planning for morgue, redesign of inpatient care areas, replacement and expansion of surgery, observation and emergency services
- Pay the appropriate dollars per type of clinician and worked hours (i.e. flexible staffing, market research, & creative compensation strategies)
- Preempt unnecessary hospital and emergency services utilization
- Outperform MHA goals for avoidable readmissions
- Decrease payment denials in the ED by \$300,000 in five years

Right People – Needs-Based Provider Recruitment, Service Orientation, Right Training, Continuous Learning

- Offer access to CEUs and timely, hands-on staff education on new services, procedures and changes
- Increase number of associates with certifications to 25% and BSN prepared nurses to 80% by 2020.
- Provide opportunities and programs which sustain a family-like organizational culture as evidenced by improved outcomes on PRIDE and RN Engagement Surveys each year.
- Assure staffing meets established productivity benchmarks and identify barriers to/perceptions of staffing effectiveness
- Improve teamwork and interdisciplinary collaboration through shadowing and development of cross-continuum nursing roles
- Develop incentives to keep the right associates here by achieving better turnover for RNs and other professions than MHA average.
- Implement performance-based evaluations and competencies
- Utilize certified nurses and clinical experts as unit-based educators and program coordinators
- Assure expanded access to social work resources
- Define role and expectations of contracted security officers
- Increase engagement of associates through shared leadership improved dissemination at the unit level and attendance at the organizational level.
- Elevate the role of nurses and nurse practitioners in the outpatient setting



Right Partners – Advanced Acute Care Referral Relationships, Rehabilitation Care, Long-Term Care, Home Health Care, Supportive Care/Hospice, Mental Health Care, Accountable Care

- Build on current care coordination programs with external partners in long term care, skilled nursing, durable medical equipment suppliers, and health departments, as well as with public education and transportation
- Improve transitions in care with BRNC through consistent use of INTERACT tool and telemedicine
- Establishment of medication reconciliation across the care continuum through use of Transitional Care Pharmacists
- Incorporate patients and care providers as partners through defining desirable engagement in patient portal utilization, beside rounding, daily care plans, facility planning, and committee membership
- Maintain or decrease associate insurance costs through care coordination in the associate medical home.
- Create a clear structure for physicians as partners through co-management leadership
- Expand access to rehab services for outpatients
- Educate community partners about AGH services
- Align providers, hospital & clinicians with value versus volume through incentives
- Develop an advocacy program and implement improvement opportunities for patients
- Enhance facilitation and navigation through development of Transition Clinic serving as a resource hub for chronic disease management and mobile telehealth



Right Hospital – The Right Leader for Coordinated Quality Care in our Community

- Increase trust of our community in AGH (*Always Great Healthcare*) through associate pride promotion
- Enhance patient experience by addressing equipment needs such as televisions, lift equipment and bariatric chairs
- Expand food service availability in the evenings for patients and staff
- Assess feasibility of parking and concierge services in Barrett Building
- Decrease ED Recidivism through community education on incident-focus, efficiency, and expectation that payment is due at discharge
- Hold primary care providers accountable for performance standards based on quality & access
- Implement calling the patient with test results versus additional visit when appropriate
- Sell our product to third party payers, government, physicians, patients and associates
- Continue to seek grant opportunities for care coordination and innovation
- Enhance data-driven decision making through improved access and utilization of clinical reports.
- Provide community access to nurse triage via phone
 - Create a culture which supports and rewards innovations
 - Provide compassionate, family centered care to the diseased patient in a healing location
 - Include patients in the design of services, and facilities



PATIENT CARE ACTIVITIES 2015



HONORS



Tracy Donalds, RN



Tanna Bradford, RN



Anne Watson Waples, RN



Tracy Wooden, RN

DAISY AWARD RECIPIENTS



Katie Zidanic, RN

AGH'S FIRST DOCTORATE OF NURSING PRACTICE NURSES

Althea Foreman, DNP, RN,
CCNS, ECN, FNE-A/P
Lisa Bayles, DNP, CRNP,
WHNP, FNP-BC



Throughout the nation, hospitals and other health care providers are talking about and taking steps toward the concept of “volume to value.” This pursuit is based on the idea that hospitals ought to be compensated based not on how many patients they treat, but rather on how well they treat their patients.

This is leading hospitals on a path of holistic care of patients and communities, a path of keeping people healthy before they get to the hospital, so that they receive the best care, at the right time and in the right place. It’s an endeavor that aims to treat the entire person rather than simply treat an illness.

We can be proud that Atlantic General Hospital is one of those “small but mighty” health systems leading the way!

Taken on August 12, 2015 from Maryland Hospital Association’s Healthy Hospitals, Healthy Communities at <http://www.mhaonline.org/transforming-health-care/healthy-hospitals-healthy-communities>