

# ATLANTIC GENERAL 2020 VISION NURSING AND PATIENT CARE SERVICES Strategic Plan Update January 2020



## Shared Council Updates

Winter 2019

### Non-Physician Provider/CRNP Council

- Established a mentor program aligned with Medical Staff to assist all new advance practice hires.
- Defined a peer review process.
- Future Plans Increase the number of advance practice providers involved in committees of the medical staff and with voting powers
- Expand the role of NPP to further our strategic initiative to increase access by defining a common mode, either adjunct to physician or independent practice panel as a provider.

### Practice and Innovation Council

- Combined research committee and practice.
- Assumed clinical expert program highest number obtained in 2019.
- Policies are the major focus in continuous readiness for Joint Commission.
- Future Plans select at least one research opportunity
- Evaluate and correct deficiencies in policy tech to make it work better for the associates.
- Expand recognition for innovation.

### Performance Improvement and Patient Safety Council (PIPS)

#### I&O and Weights Taskforce

- Created an alert for variances greater than 2.5% change in a daily weight to be acknowledged and addressed in the plan of care.
- Stretcher scale obtained for ED to obtain weight at initial point of patient care to align with best practice.
- Regular weight audits conducted to ensure actual weights are being completed upon initial contact.
- Tech 2.0 Class created by Nursing leadership to train all techs about importance of correct weights and I&O documentation and accuracy of procedure.
- SIR category created to report and track improperly documented or missing weights.
- Worked with IT to improve Weight Summary report in Physician Clinical Summary to improve confidence in weights.
- Continuing to work with IT to improve I&O Summary.
- Nursing leadership added I&O and weight audit to yearly performance evaluation for techs.

#### MOLST/Capable Caregiver

- New MOLST policy is in Policy Tech streamlining process and reducing duplicate orders
- Capable Caregiver policy has been completed and is implemented in compliance with CMS guidelines.

#### VTE/DVT Prophylaxis

- New anticoagulation policy complete and implemented with excellent outcomes.
- Med Surg is implanting a new patient mobility.

### Education and Work Environment Council

- Mentor program changed to elective vs mandatory and has been revised.
- Incentive tool and mentor program is educated to associates every other month in the lobby.
- NICHE education to community, press releases and health fair.
- Annual recognition for advanced degree and certification.
- Future Plans champion for engagement survey, performance evaluation methodology and revision, review Press Ganey associate engagement results for potential areas of improvement.

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### Professional Nurses Council

- Annual Nurse Week this year's week included a photo booth in the lobby, Daisy and Team Daisy recognition, ice cream, recognition breakfast for nurse of the year and Friend of nursing, and more.
- New peer review clinical excellence program for nurses has been very successful with over 50% of eligible nurses participating in the excellence program and achieving a bonus.
- Three goals include promoting BSN and certification BSN is at 60% with a goal of 80% by 2020 since 2016 we required a BSN within five years of hire.
- More nurses are currently in school than ever before.
- Scholarship dollars in excess of \$25,000 are in addition to tuition reimbursement annually
- Certification are at 25% with a goal of 25%. GOAL MET!!!!
- Quarterly Nurse Forums held to address issues in nurse engagement and to improve communication.
- Future Plans Nurse Exit Interviews and recommendations for improving if necessary

### Nurse Peer Review Council

- The team has reviewed and made recommendations for improvement in documentation of stroke and falls this year. With the addition of Bob Yocubik to the team they have created more alignment with Medical Staff peer review.
- Future Plans Planning a mock record review spring 2020.

### Executive Council

- Bylaws were reviewed, revised and approved by the Board of Trustees.
- Research was combined with practice with a new name, Practice and Innovation.
- Clinical Experts program oversight moved to Practice and Innovation from Professional Nurse Council.
- Scholarship program redefined to include non-nurses to nurses and RN to BSN/MSN both occurring March/April with announcement of recipients during Nurses Week.

### Nurse Forums Update 2019

- Forums are offered quarterly to facilitate improvement in nurse engagement and communication, the number one opportunity in the 2018 Nursing Survey. Changes as a result include: huddles in all areas increased access to care in AGHS and Bridge clinics, exit interviews by Professional Nurse Council, charging stations ED, bar codes on infusion pump, sensitivity in the ED towards patients with recidivism training. Many single item issues resolved at the departmental or nurse level.



## Updates January 2020

Winter 2019

It has now been over four years since we created our 2020 Vision for Coordinated Care at AGH. Patient Care Services met with over 200 clinical staff members in 2016. Through use of the nominal process we developed a plan that focused on filling the gaps that were necessary to achieve the 2020 Vision goals at the bedside, in the offices, and in the clinics and outpatient services. I will highlight some of the most important accomplishments to date and give an overall rate of completion as I did in previous strategic plans.

The first Nursing strategic plan started in 2010 and finished in 2015. At the end of the five year journey we accomplished 92% of the initiatives established for the “e-strategy” strategic plan. In the 2015 to 2020 plan there are a total of 60 initiatives that are either complete or nearing completion. Several will not be completed and will move to the next plan for 2020-2025 if still deemed appropriate. At this time we are 90% complete with 6% in process. We are expected by December 2020 to have achieved 96% of our initiatives.

*Effective January 2020 as the CNO of 15 years I will retire and a new CNO will evaluate this plan and consider future directions. Thank you to the entire team for your participation in achieving these initiatives for our patients and community.*

*Colleen*

### **Right Care –**

- Increased access to both primary care and new specialties, including endocrinology, dermatology, pain management, rheumatology and neurology along with expanded primary care in Delaware. Chronic Disease Management is a key component to improving the health of our population.
- Developed a Pulmonary Chronic Care Clinic, partnered with MAC for FREE Chronic Disease classes, opened a Pain Service and rehab, implemented medication therapy management, remote patient monitoring and centralized our diabetes into a single coordinated service in Ocean Pines.
- Expanded nutritional services, bariatric treatment options, and support to our local food banks along with health literacy within the schools to reduce obesity and improve overall health.
- Established an evidence-based geriatric model organizationally called NICHE and are currently pursuing advanced recognition. This includes falls, infections, complications, etc. NICHE principles are integrated into our strategic and master site plan.
- Achieved zero on VAPs, central lines (2 years in ICU), and CAUTI. We have not maintained these gains across all areas but continue to strive towards that goal. As a result of our goal we continue to achieve positive results as either first or second in the state for our patient care quality outcomes.
- Ambulatory Sunrise is now deployed taking us closer to a fully integrated record.

**Areas of 2020 Focus:** Zero defects for falls, hospital acquired wounds and infections, a fully integrated medical records with emergency and finance deployment. *Consolidating education and standardization for patients will move to the next strategic plan.*

**Right Place -** We have expanded telehealth services to increase access to specialists such as infectious disease, with special needs, mental health, neurology, genetic counseling, and pulmonary consults with University of Maryland.

- Our education programs in the community are now targeted and aligned with our organizational goals for improved population health.
- Implemented remote patient monitoring in the home along with telemedicine consult for medication management and nutritional counseling in the home.

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Winter 2019

- Integrative Health Services has grown from nothing prior to 2015 to current services including pet therapy, Osteopathic manipulation therapy, aroma therapy, a new and expanded healing channel and the new Heal Faster Program in surgery.
- Finalized the master site planning for inpatient care areas and have begun planning for surgery redesign.
- Achieved design and approval for an Ambulatory Surgical Center, necessary to allow redesign of the inpatient areas.
- Reduced emergency department recidivism and outperformed the MHA goals for avoidable readmissions.
- AGH benefit plan was voted in the top 10 a result of our wellness programs we have had multiple years without increased health insurance premiums for our associates.
- Added psychiatric services along with telemedicine PCP integration planned for spring 2020
- Telemedicine for Pocomoke school wellness center planned for Spring 2020
- Decreased ED denials allowing us to retain revenue improvement by 20%
- Reduced workload to nurses on the inpatient areas, nursing assessment, lab draws, EKG, transport during peak hours, increased hours for nurse techs and daily plan of care versus stagnant nurse care plans. (January 2020)

**Areas of 2020 Focus:** We need to refocus on readmission prevention and improved transitions of care. A full salary survey was completed to assure competitive salaries are offered. A nursing shortage is on the horizon with an improved economy and many baby boomer nurses retiring. A focus on retention is key. Retraining in motivational interviewing, achieving population health improvements across the continuum and recruiting for expanded care coordination is key, especially in the provider offices.

### Right People –

- Added Nurse CE center offering over 2000 CE for our nurses free of charge.
- Increased our certified nurses from 15% to 25% with a goal of 25% by 2020.
- In April 2018 we conducted a survey for engagement for all associates, nurses and medical staff.
- Nurses hired after 2016 to complete a bachelor's degree within five years of hire allowing us to achieve 60% towards the 80% goal.
- Spending over \$25,000 per year in addition to tuition reimbursement on nursing scholarships.
- Implemented the new Nursing Excellence Incentive plan and now have over 50% participation of eligible nursing associates and a turnover rate well below the state and national average for nurses.
- Modified care delivery model to include social worker in the PCMH through WCHD, two care coordinators for mental health and addiction in the ED, and hiring two social workers in the Case Management department on the inpatient team.
- Significantly improved the quality and effectiveness of our security department providing a safer environment for our associates and patients.
- Developed comprehensive program for increasing the use of nurse practitioners in the outpatient setting is being implemented. We now have expanded and have over 50 employed NPP (Non-Physician Providers), allowing us to increase access through our AGHS system.
- Achieving standard productivity in all areas and monitored closely
- Active shared leadership models in ED, ICU and Med/Surg with Co management models with the medical staff, administration and nursing leadership in OR, ED, AGHS, Inpatient and Endoscopy.
- Nurse Technician retention and recruitment plan deployed
- Workplace violence educated, new policy for zero tolerance and safety of associates has improved

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**Right Partners** - We have continued to build on our current care coordination programs with external partners, focusing on patients with social determinants impacting their health. These have included the indigent, addiction patients and families, and those in need of basics such as food. We now offer health screenings at local shelters, food banks and recovery centers.

- Educated and integrated the concepts of value versus volume given we exist in a totally new reimbursement model in Maryland.
- Our partners, associates, and medical staff have an improved understanding of the model of patient and family care across the continuum and the care does not stop at any department or door. Clinicians are partnering, making decisions, and sharing clinician resources such as pharmacists and nutrition in all areas.
- Clinical areas are using a model of co-management with clinical leadership, physician leadership, and administration to make coordinated decisions regarding the delivery of care. Better administrative decisions can be made using this model.
- Bridge clinic opened to facilitate patients needing immediate care or transitional care while awaiting a primary care follow-up visit.
- Chronic disease protocols for Pulmonary, Diabetes, Nutrition, and Pain are now all available at AGH with community educational programs also offered on a regular basis.
- AGH has partnered in the opioid crisis for medication assisted therapy, wellness offerings in local recovery programs, grant writing for the service expansions and Narcan distribution as well as safe opioid disposal.
- Medication Therapy Management has been deployed throughout the system  
ECIP is allowing us to partner with incentive opportunities for ESA, BNRC and Home Health agencies to reduce costs across the 90 day episode of care.
- Regional grants which involve all hospitals and health departments in the tri-county area are increasing partnership, best practice sharing and improvement to overall population health. Care Coordination and expansion was complete in 2019 and now moves to diabetes and behavioral health care.

**Areas of 2020 Focus:** We need to now focus on our offices, our system of coordinated care, and transitions from AGH to home health, and nursing skilled care to make it seamless and prevent the need for returns to the hospital. We will be expanding our rehab services for outpatients, PT, OT and growth of our pain rehabilitation program. Our patients need an expanded advocacy program and improved support once they return home. Our growing senior population needs attention through a coordinated partnership to assure safety and earlier intervention on health issue identification. This will occur through “safe seniors” and partnership with EMS.

**Right Hospital** - We continue to try to improve the image of AGH by achieving improved patient engagement scores. AGH’s recent HUGGs program was nationally recognized and has contributed to improved overall patient engagement results.

- Process barriers and equipment needs that must be addressed are in the final stage of implementation for new nurse call, mobile smart telephones, and new beds.
- Over a million dollars in grants have been achieved to expand our care coordination including NICHE, remote monitoring of patients, telemedicine, behavioral health specialists in the ED, Narcan distribution in the ED, care coordination in the ED, the Wagner Van, community garden, food distribution, free screening, integrative health, pain rehabilitation and many others.
- Practice and Innovations Council was combined to allow us to improve awareness for the need to find creative solutions to both new and old problems.
- Patient Advisory Committee was established in the hospital and the health system practices to provide input on design decisions in the hospital, brochures, educational material, and other items so that we “test” our decisions with our patients before we proceed.



# Shared Council Updates

Winter 2019

- Providers are being held accountable to assure access in our community
- An electronic “suggestion box” is promoting innovation as part of the lean initiatives
- Data driven analysts are providing much needed tools to improve decision making
- Exploration into a third party insurance model that capitalize on the AGH wellness success in being explored.
- Outpatient Palliative care is now available

**Areas of 2020 Focus:** We need to examine our morgue service in the next design phase. Our practices will need to develop into a Patient Centered Medical Home using the Joint Commission Standards. Our goal will be to reduce ED recidivism and utilization for services that can be rendered in walk-in or primary care settings. Concerns at the MOB with transport and ease of access have not achieved full resolution. Our shared leadership model needs to be revisited and participation enhanced. A focus on becoming certified in NICHE in the inpatient area is needed.

