Vision: To be recognized as the premier employer for nurses and the patient’s first choice for care. Nurses will be identified in the organization and communication as leaders and experts in the profession of nursing. Nurses at the bedside will be driving patient care initiatives and have the tools to do so.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transformational Leadership</strong> - The transformational leader must lead people where they need to meet the demands of the future. This requires vision, influence, clinical knowledge and a strong expertise relating to professional nursing practice. It also acknowledges that transformation may create turbulence and involve atypical approaches to solutions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Shared Leadership</td>
<td></td>
<td>Steering Committee members</td>
<td></td>
</tr>
<tr>
<td>1. Create next evolution of our Shared Leadership structure.</td>
<td>• Complete annual review of Professional Practice Model.</td>
<td></td>
<td>• Annual review and approval of bylaws was completed.</td>
</tr>
<tr>
<td></td>
<td>• Expand Shared Leadership structure to include support services.</td>
<td></td>
<td>• Created new agenda format utilizing Magnet™ Program components.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• National Magnet Conference Podium presentation – Sandy Rader and Shelley Watters presented the shared leadership model.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The Steering Committee was expanded to include past council chairs and co-chairs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Implemented staff nurse chair and co-chairs of Informatics Council.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Trish George implemented Support Services Council with VP of Ambulatory Services as Facilitator.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Department-based councils for the EVS, Dietary, and Transport Departments were created in January, 2013.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The Unit Director Council evolved to Transformational Leadership Council.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The Professional Practice Council evolved to Professional Practice and Development Council.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Kim Fleegle and Barbara King transitioning Front Line Solutions: a peer review forum to Professional Practice and Development Council.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Evidence-Based Practice Council evolved to Evidence-Based Practice and Research Council.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Quality Council evolved to Quality and Safety Council.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Shared Leadership Conference is held annually. The 2013 Keynote Speaker was Tim Porter O’Grady.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• The 2014 Keynote Speaker was Craig Luzinski.</td>
</tr>
</tbody>
</table>
### B. Leadership development

1. **Continue to evaluate and enhance Unit Director engagement through developmental opportunities.**
   - Invest in leadership development
   - Implement Talent Management Review program for unit directors and clinicians.
   - Implement Unit Director succession plan.
   - Create and implement charge nurse competency program.
   - Completion of 360 degree process for UD council and Nursing Exec team-Completed
   - Annual Leadership Strategic Planning retreat held with focus on professional development and strategic planning.
   - Talent Management Review plan coordinated with HR and implemented for all UDs across divisions and clinicians.
   - Charge nurse competency program implemented.
   - Created and implemented revised nurse competency program in Fall 2012 and repeated Fall 2013. Expanded concept and implemented PCT competency program in Fall 2013.

<table>
<thead>
<tr>
<th>Shelley Watters</th>
<th>Sandy Rader</th>
<th>Leeanna McKibben</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **100% of UDs and Directors to be Masters prepared by 2015.**
   - Currently, all but two Unit Directors are Master’s prepared.

<table>
<thead>
<tr>
<th>Shelley Watters</th>
<th>Sandy Rader</th>
<th>Leeanna McKibben</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **50% of all UDs, CDs and Directors to achieve certification by 2014**
   - 50% Certified, March 2014.

<table>
<thead>
<tr>
<th>Shelley Watters</th>
<th>Sandy Rader</th>
<th>Leeanna McKibben</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### C. Budget preparation and planning: facility enhancements

1. **Evaluate our patient care needs to appropriately plan for capital, operating, and personnel budgets.**
   - Evaluate capital needs with supporting data.
   - Evaluate operating items that will cause unusual budget increases; assure purchases budgeted have been submitted so EA will be accurate.
   - Nursing Leaders and Financial Analyst
   - Capital equipment dollar spend:
     - FY 12: $1,096,863.07
     - FY 13: $1,091,047.00
     - FY 14: $775,678.18
   - Increased DHPPD 5 Main to address oncology population.
   - Increased DHPPD 6 West to address inclusion of 6 step-down beds.

<table>
<thead>
<tr>
<th>Nursing Leaders and Financial Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

2. **Decrease Overall LOS.**
   - LOS at or below 5.96 days
   - FY ’12, ’13 and YTD ’14 LOS at or below 5.70 days.
   - Current FY 2014 LOS results are 5.78 days on a budget of 5.70 as of February 2014.

<table>
<thead>
<tr>
<th>Nursing Leaders and Financial Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

3. **Unit Renovations**
   - MSICU – Create drawings and securing funding for renovations in FY’15.
   - Create tower renovation plan.
   - CT-ICU renovation complete.
   - MS-ICU plans to DOH, January 2014 with secured funding.
   - January 2014 – Tower Plan being created jointly between facilities leadership and nursing leadership.
<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
</table>
| 4. Maintain strong enrollment in SON | • Maintain strong level of student enrollment.  
• Implement and Evaluate new tuition structure. | Linda Kmetz for SON | SHY SON Statistics for full-time and part-time admission offers and starts:  
• Fall 2011 – 152 admission offers with 108 starts.  
• March 2012 – 67 admission offers and 52 starts  
• Fall 2012 – 153 admission offers with 106 starts.  
• CY 2013 – 376 admission offers and 276 starts  
(Note: This is the first year to offer a January start to be more marketable and consistent with university academic calendars)  
• Approximately 85 - 87% of students elected to sign the Tuition Loan Forgiveness Contract each class. |

**Structural Empowerment** — Solid structures and processes developed by influential leadership provide an innovative environment where strong professional practice flourishes and where the mission, vision, and values come to life to achieve the outcomes believed to be important for the organization

**A. Evaluate and enhance staff engagement**

• NDNQI survey across all departments to be completed May 2012 and August 2014.  
• Shelley Watters  
Leeanna McKibben  
Unit Directors  
• Survey completed August, 2012 with results by unit and overall distribution. A power point was developed with overview of scores and presented to each Shared Leadership Council by Sandy Rader or Shelley Watters. Scores show improvement over 2011 results and reflect achievement of exceeding national benchmark in the majority of the categories. Next survey scheduled for August 2014.

2. UD annual goal to improve outcomes from survey  
• UDs to review and design process for improvement of one targeted goal from survey results.  
• Support and participation of organizational employee engagement survey (40% participation rate)  
• Package and present NDNQI data across the organization.  
• Leeanna McKibben  
Sandy Rader  
Unit Directors  
• Results shared with UDs with corresponding individual unit data and template for action plan.  
• UDs developed and executing action plan surrounding areas of opportunity for each unit.

3. Demonstrate 5% increase of BSN prepared nurses from baseline of 39%.  
• Create and implement communication plan around academic partnerships and increased BSN differential, as well as BSN webinar.  
• Recommendation for all new graduate nurses to complete BSN within 3 years of hire  
• BSN prepared nurses at 46% as of calendar year 2013.  
• Recommendation to UPMC Health System for the development of a contract for all new hires to have BSN or enroll in program within 2 years of hire, and to complete within 5 years  
• BSN differential increased to $1.75 January 2014.  
• BSN Webinar held with academic partners February, 2014 showcasing regional education opportunities.
<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Increase number of certified nurse’s each year by 2% from baseline of 35%.</td>
<td>• Utilization of nursing funds from nursing recognition awards to support pre-payment of certification courses</td>
<td>Shelley Watters, Leeanna McKibben, Amy McLaughlin</td>
<td>• Certified nursing outcomes trending up to meet our certification goal of 39% certified in CY 2013. Implemented in 2013: Utilizing the “Success Pays” program with ANCC to promote certification at a discounted rate. Developed Shadyside Foundation Certification Scholarship Fund.</td>
</tr>
<tr>
<td>5. Increase Transport Certification program</td>
<td>• Have 4 transporters receive Certification by end of FY 2014.</td>
<td>Trish George, Kristie Bell</td>
<td>• Funding for the program secured via Shadyside Hospital Foundation and on target for June, 2014. Five transporters on track to receive certification.</td>
</tr>
</tbody>
</table>

**B. Strengthen culture of an empowered nursing division with greater national presence**

1. Update visibility calendar to showcase regional and national work across the organization.
   - Regional and national visibility calendar to be updated quarterly.
   - Submission and participation in conferences and national forums
   - APN’s to mentor staff nurses to submit abstracts to national conferences
   - Achieve submission of 7 regional and national abstracts for posters and podium presentations.

   Nurse Exec team Unit Directors Advance Practice Nurses Jan Cipkala-Gaffin

   • Annual Visibility Calendar – Completed and available on SharePoint.
   • During 2012: 98 submissions for presentations with 43 accepted. There was a total of 8 local; 12 regional and 23 national presentations. Of these 25 were podium presentations.
   • During 2013: 38 submissions for presentations; 28 accepted. There was a total of 3 local; 9 regional and 16 national presentations. Of these 19 were podium presentations and 9 posters.

2. Strengthen relationships between care providers
   - Implement reliable and variable rounder program.
   - Promote NA/PCT Council.
   - Create PCT competency program.

   Clinicians

   • Reliable/variable rounder program implemented.
   • NA/PCT competency blitz implemented fall 2013. Clinician driven and supported.

   FY 2014 June-December: NA/PCT/APCT: 34.39%
### Exemplary Professional Practice
The true essence of a Magnet organization stems from exemplary professional practice within nursing. This entails a comprehensive understanding of the role of nursing; the application of that role with patients, families, communities, and the interdisciplinary team; and the application of new knowledge and evidence.

#### A. Achieve regulatory compliance at all levels

1. **Successful Regulatory Surveys:**
   - Joint Commission, Department of Health and Stroke.

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
</table>

2. **Achieve HCAHP and/or Press-Ganey benchmarks in patient satisfaction**

   1. **Overall Executive Management goal to increase overall HCAHPS Score in the Domain: Willingness to Recommend**
   - HCAHPS Score at or above 70.3
   - Implement Rest Assured Program
   - Implement alarm reduction strategies.

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td>Current Willingness to Recommend Score January FY 2014: 72.5</td>
</tr>
</tbody>
</table>

   **Inpatient, Outpatient & Ambulatory areas:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Units Exceed Majority of Time</th>
<th>Total Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courtesy &amp; Respect</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>Careful Listening</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Patient Education</td>
<td>20</td>
<td>32</td>
</tr>
<tr>
<td>Pain</td>
<td>13</td>
<td>26</td>
</tr>
</tbody>
</table>

2. **Majority of units, majority of the time exceed the mean score of their identified Peer Group for at least 4 nursing indicators.**

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td>Implemented Rest Assured and alarm reduction strategies.</td>
</tr>
</tbody>
</table>

#### C. Recruitment and Retention: Achieve < 3% vacancy rate and < 10% turnover rate

1. **Partnerships with nursing schools to broaden the pipeline of nurse graduates. Maintain current student retention levels.**

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer annual summer nurse intern program. CNO to serve as executive corporate sponsor for Academic Service Partnership Council. Implement Problem Based Learning in the School as a means of enhancing assimilation into practice.</td>
<td>Unit Directors Linda Kmetz</td>
<td>10 summer interns FY 2012, FY 2013 and FY 2014. CNO serves as executive corporate sponsor for ASPC Council. Presented work at STTI as podium presentation November 2013. All courses have required PBL components. Student retention rates are between 77-80%; above the national standard of 75%. RN turnover for CY 2013 – 9.9%. RN vacancy for CY 2013 – 4.9%</td>
</tr>
</tbody>
</table>
### D. Participate in NDNQI in an effort to elevate standards and achieve benchmarked targets for nurse sensitive indicators

1. **Achieve NDNQI benchmark results for each indicator. Most units exceeding median scores in Academic Med Center group most of the time.**

   - **Strategic Initiative:** Strategies toward achieving the most units most of the time will exceed mean scores in comparison group.

   - **Accountable Drivers:** Lisa Donahue Leanna McKibben

   - **Narrative Update/Empirical Outcomes:** NDNQI Data last 8 quarters:

     - **RESTRAINTS:** 95% of unit/quarters are better than the national mean. ALL units outperformed the national mean majority of the time.

     - **HAPU Stage 2 or Greater:** 66% of the unit/quarters are better than the national mean. 15 of 21 units outperformed the national mean majority of the time.

     - **FALLS with Injury:** 54% of the unit/quarters are better than the national mean. 10 of 21 units outperformed the national mean majority of the time.

     Falls Summit held with UDs/Clinicians/CDs/QI to evaluate and target unit and hospital specific drivers of falls.

     Falls data provided monthly to UD’s for review and analysis including fall details and trending reports.

### E. Demonstrate excellence in clinical care – CORE measures

1. **Maintain CORE Measures outcomes to be within 1% of Top Tier Goals.**

   - **Strategic Initiative:** Ongoing Quality collaboration to identify, understand and educate staff regarding the changing criteria of pay-for-performance programs and the requirements involved.

   - **Accountable Drivers:** Lisa Donahue Leanna McKibben

   - **Narrative Update/Empirical Outcomes:** CORE Measures FY 13 Results: 15/37 at the Top Tier 100% benchmark; 15/37 within 1% of Top Tier and 7/37 within 5% of Top Tier.

   CORE Measures FY 14 YTD (as of 2/2014): 23/37 at the Top Tier benchmark: 8/37 within 1% of Top Tier; 6/37 within 5% of Top Tier.

2. **STS – Achieve three star open heart and valve programs.**

   - **Strategic Initiative:** Collaboration with Anesthesia surgeons, respiratory therapy to reduce utilization times.

   - **Accountable Drivers:**

   - **Narrative Update/Empirical Outcomes:** FY 13: achieved three star statuses for CABG and AVR procedures. One of only 23 hospitals in the country to receive this distinction.

3. **NDNQI – Exceed benchmark for participation of eligible staff in NDNQI nursing satisfaction survey**

   - **Strategic Initiative:** Each department will review previous survey results and engage staff to participate in ongoing surveys to define areas in need of strategic approaches to improvement.

   - **Accountable Drivers:** Lisa Donahue Leanna McKibben

   - **Narrative Update/Empirical Outcomes:**

     - There was 77% participation of eligible staff during the August 2012 NDNQI Nursing Survey. Our participation has exceeded the National Benchmark of 73%. Re-survey planned for 2014.

     - Individual department plans were developed.
### F. Peer review

1. Create and implement staff lead model for nurse peer review.  
   - Team will be created to develop and implement a strategic approach to the nurse review process.  
   - *Lisa Donahue*  
     - *Kim Fleegle*  
     - *Barb King*
   - Nursing Peer Review initiated July 7, 2012 as part of the “Just Culture” initiative.  
   - Responsibility of the medication error review through Nursing Peer Review was assumed by the Professional Practice Council with application of the Just Culture Algorithm to determine if the error is from process failure or employee behavior.  
   - This peer review process was then revised and extended into events other than medication errors and has been incorporated as part of PPC&D council.

### G. Just Culture

1. Implement Just Culture model.  
   - Development and adaptation of Just Culture algorithm  
   - Education of leadership team to have just culture be part of daily practice  
   - *Shelley Watters*  
     - *Kim Fleegle*
   - Completed Culture of Safety Survey in 2012.  
   - Culture of Safety re-survey in planning phase, slated for mid-year 2014. Regular discussion and application of Just Culture to varied scenarios in the bi-weekly Patient Safety Quality Peer Review Subcommittee, Nurse Exec and UD Council.  
   - Just Culture algorithm education and implementation completed.

### New Knowledge/Innovation/Improvement

- Strong leadership, empowered professionals and exemplary practice are essential building blocks for Magnet-recognized organizations, but they are not the final goals. There is an ethical and professional responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations, and improvements.

### A. Strengthen Evidence-Based Practice and Research across the nursing organization

   - Encourage members to increase implementation and dissemination.  
   - *Janet Cipkala-Gaffin*  
     - *Wendy Lucas*  
     - *Kim Fleegle*  
   - 12 new EBP projects; 5 implemented

2. Continue training EBP Fellows.  
   - Submit to renewal of funding/collaborate with UPMC system.  
   - *Janet Cipkala-Gaffin*  
     - Clinical Nurse Educators
   - Fellowship funded 2011-12; 2013-2014  
     - 4 projects implemented/disseminated  
     - 4 in progress

3. Continue Development of Nursing Research Department/Infrastructure.  
   - Continue development of Research and Standard Operating Procedures (SOP) and Research Manual; Research Committee.  
   - *Janet Cipkala-Gaffin*
   - Initial SOP procedures completed. Manual in process. Research Committee started 1/13; meets monthly to date.
<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Expand research training of staff. Submit funding of research scholar position/manuscript writing.</td>
<td>Janet Cipkala-Gaffin</td>
<td>• Lectures done with Research meetings. Funded for research scholar position 2013-14.</td>
</tr>
<tr>
<td></td>
<td>• Increase IRB nursing research across departments by 50%.</td>
<td>Janet Cipkala-Gaffin Clinical Nurse Educators</td>
<td>• 6 research studies completed; 4 in progress; 1 proposal written (study to be conducted)</td>
</tr>
<tr>
<td></td>
<td>• Continue active participation in Research Advisory Committee to maintain research integrity.</td>
<td>Janet Cipkala-Gaffin</td>
<td>• Standards/process for nursing research developed.</td>
</tr>
<tr>
<td></td>
<td>• Foster collaboration within UPMC system and other organizations/academic institutions and interdisciplinary research.</td>
<td>Janet Cipkala-Gaffin Clinical Nurse Educators</td>
<td>• Participating in system Nurse Retention Study. Participated in NIH interdisciplinary study.</td>
</tr>
<tr>
<td></td>
<td>• Increase dissemination of research findings.</td>
<td>Janet Cipkala-Gaffin</td>
<td>• 3 podium and 4 poster presentations at Greater Pittsburgh Research Conference in 2013.</td>
</tr>
</tbody>
</table>

**B. Promote innovation in nursing while strengthening our national reputation as an organization that values innovation**

<p>| 1. Promote TCAB Philosophy as vehicle for change within Shared Leadership through partnership with Shadyside Foundation. | Reinvigoration of TCAB across the campus. | Lisa Donahue Improvement Specialists | TCAB education classes completed in Surgical Services areas in two parts to capture the comprehensive content and provide an opportunity for participatory observations, open forum and idea sharing. Part 1 completed September 28, 2012. Part 2 completed January 25, 2013. Training included TCAB tool of observations on inpatient surgical units. Approximately 15 surgical area nurses attended. |
| Promote TCAB Philosophy as vehicle for change within Shared Leadership through partnership with Shadyside Foundation. | Reinvigoration of TCAB across the campus. | Lisa Donahue Improvement Specialists | TCAB education classes completed in Surgical Services areas in two parts to capture the comprehensive content and provide an opportunity for participatory observations, open forum and idea sharing. Part 1 completed September 28, 2012. Part 2 completed January 25, 2013. Training included TCAB tool of observations on inpatient surgical units. Approximately 15 surgical area nurses attended. |
| | | | An initial current state Surgical Services Kaizen (Continuous Improvement) Event was held on July 9, 2012 to ignite and empower the surgical services staff to initiate process improvement projects within their areas. As a result, Surgical Leadership decided to continue the Surgical Services Kaizens on a quarterly basis. Five Kaizens have been held to date (April 2014). |</p>
<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
</table>
| 1. Implement enhanced safety of cardiac monitoring | • Turn off yellow alarms to decrease alarm fatigue.  
• Reduce unnecessary cardiac monitoring. | Linda Reid  
Lisa Donahue | • Use of hospital based metrics to compare baseline and outcomes.  
• **Monitor Yellow Alarms**  
Yellow Monitor Alarms were turned off In FY 2012.  
Red Alarms or Critical Alarms remain on. |
| |  |  | |
| 2. New models of care | • Explore new models of care delivery.  
• Support UPMC goal to incorporate and enhance palliative care initiatives. | Lisa Donahue  
Improvement Specialists  
Shawn Hennen  
Sharon Hanchett  
Kate Sciandra  
Jason Byron | • Face to Face report implemented on 6 Main reflecting significant improvement in PG and HCAPs scores received the “Pumping it Up” award as well as multiple awards for the project at Quality Fair. Now planning spread to 2Pav/2South. Overall roll out completed across the campus, FY 2014.  
• Implemented segregation of coordination of teaching teams with physician collaboration.  
• Implemented Orthopedic power plan with physician and rehab collaboration.  
• Implemented Palliative Care Program within 5 Main. Achieved Fine Foundation Award nomination. |

**C. Implement further automation strategies creating improved patient safety and work environment**

- Empowered Nurse Clinicians and Level 3 nurses to provide input during the planning and development process for the Competency Blitz pilot held during the month of October 2012. Surveyed frontline nurses on their satisfaction of the pilot and revised next year’s Competency Blitz accordingly in October 2013. Nurse satisfaction was sustained from year #1 to year #2.
- Improvement Specialists share membership on: PPDC, QSC, IT, EBPR and Shared Leadership councils. Providing focused assessments, interventions and outcomes through education of staff, “hands on” use of TCAB tools and guidance.
- Implemented face to face report on all units FY ’14.
- TCAB 101 training to Foundation Board members November, 2013.
<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategic Initiative</th>
<th>Accountable Drivers</th>
<th>Narrative Update/Empirical Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Collection Manager implementation across campus.</td>
<td>Patient Safety with lab label printing at point of care.</td>
<td>Lisa Donahue</td>
</tr>
<tr>
<td>4.</td>
<td>Enhance medication administration safety</td>
<td>Hospital-wide roll out of care admin with weekly monitoring.</td>
<td>Beth Augustine, Lisa Donahue, Barb King</td>
</tr>
<tr>
<td>5.</td>
<td>Teletracking</td>
<td>Implement enhanced teletracking platform.</td>
<td>Trish George</td>
</tr>
<tr>
<td>Goal</td>
<td>Strategic Initiative</td>
<td>Accountable Drivers</td>
<td>Narrative Update/Empirical Outcomes</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------</td>
<td>---------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>6. TUG System</td>
<td>• Implement TUG robotic delivery system.</td>
<td>Trish George</td>
<td>• TUGs implemented FY 2013 for the delivery of linen and the pick of linen and trash.</td>
</tr>
</tbody>
</table>