UPMC Nursing’s Strategic Plan

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Executive Summary

- UPMC Nursing over 12,000 nurses strong
- Providing over 3,500 clinical experiences per semester
- Our belief “Every nurse is a leader”
- ANCC’s Magnet Model® is our roadmap
- Evidence-Based Practice is our core intervention
- Shared Governance keeps us grounded
- Empirical Outcomes measure our final product
# SWOT Analysis

## Strengths
- 20 Hospital health system offering a variety of specialties
- Rich pipeline of nursing schools in our region
- 3 UPMC Schools of Nursing - SHY designated as Center of Excellence in Education
- Currently employ over 12,000 nurses
- Advanced technology across the system
- UPMC offers nearly endless opportunities to grow and develop while gaining tenure within the organization – career pathing
- Flexible nurse staffing options: casual, weekend, UPMC Worksource, Life Stages, FFT, PT
- Inclusive Career Ladder

## Weaknesses
- High turnover on several nursing units potential causes:
  - Acuity
  - Horizontal violence
  - Unit leader
- Limited formal pipeline for crucial nurse leader roles: CNO, Unit director, care manager, informatics, etc.
- Minimal frontline staff accountability for patient outcomes
- Technology growing faster than education to users
- UPMC’s aging workforce – particularly in surgical services and care management

## Opportunities
- Internal growth opportunity for nurses: i.e. CRNAs, nurse practitioner programs, CNL
- Faculty needed to meet demand from potential nursing students
- Pipeline of advanced practice nurses
- Impact of the financial climate: with nursing turnover
- Projected growth in the national minority population
- Leverage systemness to influence legislation related to professional practice

## Threats
- Health care policy changes
- Increase in public reporting
- Aging nursing workforce
- Union Activity
- IOM Future of Nursing Recommendations
- Changes in payment and reimbursement
- Projected Physician Shortages
- PA State Board of Nursing regulation requiring an 80% NCLEX pass rate for nursing schools
- Nursing School Accreditation require BSN students to be precepted by BSN level nurses
## UPMC Nursing Strategies and Tactics

### Transformational Leadership
- Leadership Development
- Succession Planning
- National/International Visibility
- External Forces
- Financial Implications
- Communication
- Magnet /Pathways to Excellence

### Exemplary Professional Practice
- Professional Practice Model
- Care Delivery Models
- Staffing, Scheduling and Budgeting Processes
- Interdisciplinary Care
- Accountability, Competency and Autonomy
- Ethics, Privacy, Security and Confidentiality
- Diversity and Workplace Advocacy
- Quality Care Monitoring and Improvement
- Culture of Safety

### Structural Empowerment
- Professional Engagement:
  - Shared Governance
  - Engagement Survey
  - Interdisciplinary Clinical Expertise (Collaboration among caregivers)
  - Commitment to Professional Development:
    - Formal education
    - Career progression
  - Teaching & Role Development:
    - Student experience
  - Demonstrate Commitment to the Community
  - Recognition of Nursing

### New Knowledge and Innovation
- Patient Flow/Capacity
- New Technology
- Innovation
- Nursing Research & EPB
- Balancing Demands Resources/Staffing/Technology/Dollars

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1 to 3 year timeline
• Leadership development and succession planning

**Year 1**
- Establish baseline measurement with NDNQI RN survey, turnover and promotion of key positions
- Identify future nursing leaders at each BU
- Develop programs and strategies for leadership development at different levels
- Develop toolkit/curriculum for potential new frontline leaders

**Year 3**
- Demonstrate improvement in NDNQI RN survey for leadership
- Demonstrate improvement in UPMC engagement survey feedback
- Ongoing leadership development opportunities offered throughout the system
- Increase of career ladder promotions

**Beyond**
- Transparent leadership opportunities at all levels
- Online tracking of potential upcoming nurse leaders
- Ease in filling vacant leadership positions
Transformational Leadership

- Vigilance in meeting the demands pertaining to government regulations
  - Communicate to staff information regarding federal, state and local government regulations via newsletter, grand rounds, etc.
  - Establish baseline measurement of UPMC nurses participation in national, state and local professional nursing organizations
  - Host a UPMC national nursing conference

Year 3

- Enhance relationships between national and international sites
  - UPMC nursing on track to meet IOM Future Nurses recommendation
  - UPMC nurses demonstrating in their practice knowledge of the impact of health care reform

Beyond

- Ongoing flow of communication and expertise with international sites
  - UPMC Nursing represented within national nursing organizations
  - UPMC nursing represented on projects at the national and state level
Exemplary Professional Practice

- Professional practice, care delivery system and staffing

**Year 1**
- “Your Care Our Commitment” spread
- Evaluate skill mix to support care delivery model
- 100% of hospital units using reliable/variable rounder on daylight shift
- Develop and evaluate appropriate care coordination models and handoffs across the continuum
- Establish the baseline measurement for patient and nurse satisfaction
- Enhance recruitment and develop evidenced based selection process

**Year 3**
- New care delivery models meeting patient, nurse, and systems needs
- Nurses practicing to the full scope of their licensure
- Active role for advance practice nurses at the bedside
- Patient and nurse satisfaction survey demonstrates improvement
- Decrease in turnover
- Flexible staffing opportunities that meet hospital and staff needs

**Beyond**
- High patient and staff satisfaction
- UPMC Nursing recognized for quality patient outcomes and staff satisfaction
- Nursing at UPMC viewed as a lifelong career
Exemplary Professional Practice

• Culture of Safety, Quality Care Monitoring and Improvement

**Year 1**
- Establish transparent benchmarks for measuring clinical, financial and human resource quality indicators
- Educate staff to use the standardized reports that measure the top priority quality and safety indicators
- Pilot and apply evidence based protocols to select clinical indicators
- Provide data to frontline staff that is meaningful, and that can be used to drive practice changes
- Identify best practice for Joint Commission and DOH readiness

**Year 3**
- Achieve benchmarks for select clinical, financial and human resource indicators
- Managers demonstrating ease with using reports on nursing dashboard
- Spreading best practice readiness for Joint Commission and DOH
- A Just Culture environment demonstrated in nursing/clinical departments

**Beyond**
- Exceed core measures targets across the system
- Exceed UPMC HCAHPS targets
- A significant reduction in safety errors
- Nurses in all milieus across the system not work more than 12.5 consecutive hours
- Significant reduction in preventable workplace injuries
**Structural Empowerment**

- Shared governance, career progression, teaching and role development

**Year 1**
- Unit-based professional practice councils established at every facility
- Pilot clinical partnership models for effective student experience
- Develop RN residency gap analysis
- Initiate nurse practitioner residency program
- My Nursing Career showcased as a lifelong career opportunity at UPMC
- Build upon the Academic Service Partnership to include national/regional members

**Year 3**
- Transparent reporting of outcomes and achievements of shared governance councils
- Clinical instructor program implemented to support nursing schools
- Active transition to practice residency program advisory board
- Nurse residency program completely implemented for nurse practitioners
- Fully implemented online promotional process for the My Nursing Career Ladder

**Beyond**
- NDNQI RN survey results demonstrates the UPMC nursing workforce fully engaged and empowered
- UPMC nursing recognized for the seamless transition of students to practice
- National recognition for the collaboration with academic service partnership
Commitment to community and recognition of Nursing

**Year 1**
- Promote educational service projects that benefit the community and support My Nursing Career’s Professional Contributions
- Implement evaluation tool for the summer nurse internship program
- System-wide publication of awards and recognition via annual report, nursing newsletter
- System-wide participation in DAISY, Nurses’ Week, Cameos of Caring Awards

**Year 3**
- Create new models of interactive care in the community for patient self-management
- Active calendar of opportunities for nurses to support community initiatives
- Process developed for consistent UPMC nursing submissions for national/regional awards outside of UPMC
- Role of nurse leaders as the chief retention officer fully implemented across system

**Beyond**
- Active partnership with UPMC Nursing and the community
- Local, regional, and national recognition of UPMC Nurses
New Knowledge, Innovation and Improvement

• Evidence Based Practice (EBP) and research

Year 1
- Establish evidence based fellowships at select hospitals
- System-wide evidence based council provide gap analysis on initiatives across the system and host symposium
- Implement Lippincott for online access of procedure guidelines
- Continue providing education for conducting and reviewing nursing research
- Partner with Pitt SON for collaboration with nursing research

Year 3
- Hospital based implementation of evidence based councils and fellows
- Faculty collaboration with EBP and Nursing Research
- EBP internship available throughout the system
- EBP council create transparent best practices sharing across the system
- Active nursing research being conducted across the system

Beyond
- Bedside nurses demonstrate knowledge of EBP
- Ongoing nursing research happening across the system
- UPMC nursing recognized for high quality patient outcomes
• Information technology

Year 1
- Establish plan for implementation of SMART technology
- Continue documentation optimization project
- Meet targets for medication reconciliation
- Prepare for ICD-10 implementation
- Select capacity management software

Year 3
- Continue system and business level upgrades of the electronic medical record
- All business units have completed capacity management software upgrade
- Continue to implement SMART technology
- Continue documentation optimization

Beyond
- Reassessment of current state to identify goals as technology continues to change.