Strategic Planning and Cultivating Nursing Roles –

Developing a Five SEVEN Year Plan

The Norton Healthcare Experience

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Making the Case
Health Care Reform

Four components of Health Reform:

**Coverage Reform** puts everyone into the market for health care by mandating that everyone be covered by insurance.

**Delivery System Reform.** The proposed regulations issued by CMS on Accountable Care Organizations and the Medicare Shared Savings program may prove unworkable – but all the buyers in this market (commercial health plans, state governments, employers and individuals) are demanding that providers address efficiency, cost and effectiveness deficits.

**Payment Reform.** In 2012, the Medicare Hospital Value Based Purchasing (VBP) program will cover all acute care providers, and in future years the program will expand to cover outpatient care. CMS describes the VBP as the latest stage of the evolution of CMS from a “passive payer of claims based on volume to an active purchaser of care based on the quality of care beneficiaries receive.”

**Quality Improvement.** A hospital admissions reduction program for preventable Medicare inpatient hospital admissions starting in FY 2013 which can reduce payments by one percent for targeted cases and up to 3% in 2015 and subsequent years.
A Prescription for Patient Value
The Value Proposition

- Achieving universal coverage and access to care are essential, but not enough
- The core issue in health care is the value of health care delivered
- **Value:** Patient health outcomes per dollar spent
- Value is the only goal that can unite the interests of all system participants
  - Patient / Physician / Provider / Payor
- How to construct a dynamic system that keeps rapidly improving
- The central goal in health care must be value for patients, not access, volume, convenience, or cost containment

Value = Health Costs / Cost of Delivering the Outcomes

Value in the Future is...
the Patient Care Continuum

Acuity and Cost

Home → Care Team Center → Wellness Center → ICC → Diagnostic Center → Specialty Physician → Skilled Nursing, LTAC, Rehab → Hospital → ER services, OP services, IP stays → Patient Home
The Norton Healthcare Accountable Care Ecosystem
Components of Accountable Care

- Effective Health Management
  - Population Management
  - Humana – Brookings Dartmouth Partnership
  - Medicare Advantage
  - Health Department Partnerships
    - Healthy Start
    - Flu Vaccination
    - Needs Assessment
  - N-Good Health Employee Program

- Manage to Quality Standards
  - Clinical Effectiveness with Integration of:
    - Care Management
    - Service Excellence
    - Quality
    - Quality Transparency Reporting
    - Data Management and Analytics
    - Epic
    - Amalga
    - Norton Nursing Institute

- Manage Costs and Efficiencies
  - Risk Management
  - Finance and Accounting Integrated in Quality Prioritization
  - Disease management with Cost Data from External Partners (e.g., Humana, Anthem, United)
  - Measurement of Clinical, Operational and Financial Key Performance Indicators in Combined Dashboard

- Coordinate Items and Services
  - Norton Healthcare Center for Wellness and Prevention
  - Practice Health Navigators
  - Telemedicine (Rural)
  - UK Partnership for Outreach for a Healthier Commonwealth
  - Supply Chain Maximization
  - Women and Children's Agenda

The Players

- Employers
- Patients
- Hospitals
- Physicians
- Acute, sub-acute and long-term care providers
- Ambulatory care centers
- Pharmaceutical companies
- Medical device manufacturers
- Care Givers (physicians, nurses, home health, clinical social worker, clinical psychologist, and other ancillary providers)
- Payors
- Federal government

Community Health Needs Assessment

- Patient Protection and Affordability Care Act
- Applies to all 501 3C Organizations
- Every three years
- Documented action plans
Clinical Re-Engineering...the Nursing Perspective

- Improved **care coordination** and communication
- Improved **access** – physician extenders – email – phone call etc.
- **Prevention and early diagnosis**
- ED and Immediate Care Center visits
- Increase generic medication utilization
- **Hospital re-admissions and multiple ED visits**
- Improved **management of complex patients**
  - Care Coordination and High Resource Utilizers

Institute of Medicine Report

**Six Aims for Improvement**
- Safe
- Effective
- Patient Centered
- Timely
- Efficient
- Equitable

Crossing the Quality Chasm: A New Health System for the 21st Century; National Academy Press, 1999
IOM Report

Ten Rules for Redesign:
1. Care is based in continuous healing relationships.
2. Care is customized according to patient needs and values.
3. The patient is the source of control.
4. Knowledge is shared and information flows freely.
5. Decision making is evidence-based.
6. Safety is a system property.
7. Transparency is necessary.
8. Needs are anticipated.
9. Waste is continuously decreased.
10. Cooperation among clinicians is a priority.

Crossing the Quality Chasm: A New Health System for the 21st Century; National Academy Press, 1999

IOM report, Future of Nursing Key Messages

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the US.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.
IOM report, Future of Nursing Recommendations

- Remove scope of practice barriers.
- Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
- Implement nurse residency programs.
- Increase the proportion of nurses with a baccalaureate degree to 80% by 2020.
- Double the nurses with a doctorate by 2020.
- Ensure that nurses engage in lifelong learning.
- Prepare and enable nurses to lead change to advance health.
- Build an infrastructure for the collection and analysis of interpersonal health care workforce data.

So How Do We Begin....

- What are the framing questions we need to ask...and answer?
Framing Questions

• What is Nursing’s role?

• If Nursing doesn’t manage Nursing, someone else will...

Framing Questions

• What are we willing to change?

• How can nursing drive care across continuum?

• How can nursing create patient centered focus?
Framing Questions

• Are we willing to “diminish” inpatient hospital care?

• If Nursing stays defined within the four walls of acute care, what is its future?

Framing Questions

• How will we evaluate and VALUE Nursing’s contribution?

• What are the metrics to determine success and establish ROI?
Framing Questions

• Is this strictly a “MD” thing? A Hospital thing?

• What is Nursing’s role to be in this new reform culture?

Framing Questions

• How do we shift the roles within the workforce?

• What are the implications and models for care delivery?
Framing Questions

- And finally...
- What are the implications for Nursing professionals?
- What are the implications for Nurse Executives?

Call to Action
Change Process vs. Grief Process

Evolution vs. Revolution
Norton Healthcare

Integrated Delivery Network of
Five Not-for-Profit Hospitals
15 Out-patient Centers

1.6 Million yearly patient encounters
$1.6 Billion yearly revenue
11,000 Employees
4800 Registered Nurses
600 Employed Providers
2,000 Physician Medical Staff
1,857 Licensed Beds
60,000 Admissions/year
46% market share

Validated Key Findings

• Functioning within silos; not working as a system
• Everything is a priority
• No standard of care across system.
• Limited resources were not effectively used
• Lack of education, understanding
• Non-hospital divisions view of value and reform as a “clinical” issue
• Scattergun and “flavor of the month”
• System resources view of “ownership”
• No accountability structure
• No incentives to “succeed”
• Results not achieved and sustained
## Risk Analysis

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<thead>
<tr>
<th>RISK</th>
<th>MITIGATION STRATEGY</th>
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<tr>
<td>Erosion of the bottom line financials and/or a reduced market share that may realign the organization's priorities. <strong>No margin = no mission.</strong></td>
<td>Align to mission, vision, values. <em>Align to strategic plan in multiple areas.</em> “Mission critical” to achieve objectives.</td>
</tr>
<tr>
<td><strong>Non achievement of significant results</strong> in a short time frame.</td>
<td>Set the right stretch achievable goals. Support owners with system resources. Visibility of success to BOT, Execs, etc. Celebrate!</td>
</tr>
<tr>
<td><strong>Lack of alignment of incentives for key leadership</strong></td>
<td>Connect to variable compensation <em>(short term).</em> Connect to perform appraisals (LT). Sr. leaders presentations to BOT, etc.</td>
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<tr>
<td>The program <strong>costs are too high</strong> for long term sustainability.</td>
<td>Use and retool existing resources.</td>
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## Strategic Principles

- **System Level Initiative**
- **Within all** components of strategic plan
- **Drive Focused Measurable Approach**
  - Quality
  - Safety
  - Service
  - Process Outcomes
  - Financial
- **Engagement of the Entire System**
  - **Key Distinction**
Internal Stakeholder Assessment

- BOT, Executive, Operations & System Leadership, Service Line, MD leaders
- Patient/ Family/Community focus groups
- **Identification of Need & Validate**
  - Issues, concerns, frustrations, suggestions
  - 1:1 interviews (informal conversation supplemented with interview guide)
  - Document review
  - Feedback of findings & validation of accuracy

Integration and Alignment

- Prioritize efforts by facility/division
- **Integrate** Quality, Safety, Process, Service and Financial
- **Align** work across Norton Healthcare
  - **Balancing** system vs. “local” needs
  - Sharing information
  - **Replicating** process and practice
  - **Aligned Incentives**
    - Executive compensation
    - Managers’ evaluations
    - Staff evaluations
    - Reward & Recognition
    - Physician goals
Internal marketing plan

- **Engagement** of the broad stakeholder base in all phases of the project.
- Structured to be “their” project and ownership (and accountability) resides with the operations leaders.
- Opportunities for the “owners” to **visibly share** their experiences, successes and difficulties are built into the process.
- **All reinforce:**
  - the programs,
  - reinforce behavior,
  - support cultural change,
  - influences compensation (both variable and performance reviews) and
  - breed success.

Nursing 2020

Creating Care that is Accountable to Patients & Families

*You put your heart into caring for our patients ...*
Nursing 2020

• Model of Care – Acute Care
  – Patient and Caring Focused
  – Differentiated Practice Model
  – Credentialing and Privileging
  – Family Care Partners
  – LPN Acute Care
  – Multidisciplinary Team Performance
  – Individual Accountability

Nursing 2020

• Model of Care – Acute Care
  – RN placement and transitions of patient based on care needs
  – Patient Cohort alignment based upon Nursing care needs
    (clean/potentially contaminated; high flow/low flow; high RN intensity/low RN intensity)
  – Nursing centralization of expertise
    • “EICU” (and use with regional “affiliates”)
    • Remote Central Monitoring
    • Central Order Management
    • Placement and Transition
    • Pt/Family education and support
    • Continuum Management
    • Nursing Hospitalist
    • CNS/NP/Educator Model
    • Acute Care and Critical Care NP model
Nursing 2020

• Model of Care – Acute Care
  – Program Development (chronic, elderly, specialty surgical, high recidivism)
  – Enhanced communication tools for patient/family
  – Enhanced Technology/Automation (equipment interface and auto population, remote monitoring, documentation)
  – Nursing Sensitive Indicators
    • Unit based dashboards
    • Individual measurement of performance

Nursing 2020

• Model of Care – Continuum Management
  – Multi specialty Nursing Practice at key locations matched with key physician partners and practices to leverage relationships
  – Neighborhood “watch”
  – Health ministries expansion and redefinition
  – Alignment with Schools for provision of care and education
  – Alignment with Community agencies for provision of care and education
  – RN in physician practices to manage D/C, transitions, pt education and pt follow up – Practice Navigator
Nursing 2020

• Nursing Systems
  – Credentialing and Privileging
  – Clinical Advancement Programs (RN, LPN, PCA)
  – Certification
  – Nursing Sensitive Indicators
  – NDNQI
  – CERP and Prioritization
  – Patient/Family Advisory Councils
  – Clinical Design and Transformation
  – Nursing Finance and Modeling

Nursing 2020

• Nursing Systems
  – Grants
    • RWJ, Kellogg, IHI, etc.
  – Practice Governance
    • System Governance Launch
    • Non hospital governance launch
    • Expansion of acute care governance (care providers)
  – Nurse Leader Development
    • Nurse Executive Initiative
    • Nurse Executive Fellows
    • Nurse Leadership Initiative
Nursing 2020

- NHC Institute for Nursing
  - Workforce Preparation
    - Preparation of “continuum care practitioners”
    - Specialty orientation extension programs (ED, OB, Children)
    - PCA development/upgrade/transition
    - Defined education/orientation units
    - “Personal/cultural “nursing orientation”
  - School of Nursing Affiliations
    - Joint Appointments
    - LPN Acute Care Models
    - CNS certification program
    - “Faculty practice” model
    - “Shared class” faculty
  - Simulation
    - Mobile/Fixed
    - Development of Affiliation Relationships (SON, Rural Network)
    - Development of Learning Laboratory

Workforce

- RN credentialing and Privileging
- BSN
- Role requirements
- Differentiated Practice
- Advanced Practice
- Doctoral preparation
- Roles beyond hospitals (i.e. Navigators, “Neighbors”, etc.)
Lessons Learned

- Integration vs. Silo
- Pilot, adapt, adopt, system
- Local Constituencies vs. Standardization of System
- Hardwiring
- Accountability structure
Lessons Learned

- Be **Revolutionary** in thought and **Evolutionary** in action.
- No is not a “**forever**” answer.
- Negotiation is **not** a one time thing.
- Be a good mother and let the child grow up and move on beyond you.

NHC 30 day select chronic readmission pattern
5/1/08 – 10/31/09
Defying Gravity

Questions