Introduction

This strategic plan reflects the work of nurses at Munson Medical Center who have continued the process of developing a three-year strategic plan for nursing. The initial and subsequent edits of our Nursing Strategic Plan have been the result of many hours of brainstorming from nursing staff and leaders across Munson Medical Center. Special thanks is given to those who developed the initial draft:

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This strategic plan provides a blueprint to achieve our goals and a compass to keep us moving in the desired direction. The plan is intended to be a living document that will be reviewed and evaluated at regular intervals with nursing staff, leaders, and the Shared Governance Councils. The plan was developed according to these key principles:

**Mission:** To deliver compassionate, quality care to every patient, every time.

**Vision:** To be a recognized leader for nursing excellence.

**Strategic Priority Areas:**

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations, and Improvements
Nursing Philosophy

We believe the practice of nursing is both an art and science. We believe nurses, through the nursing process, provide evidence based care to achieve outcomes established mutually by the patient and the care team.

We believe we are here to serve the patients and their families first, and they are the focus of everything we do. Caring relationships form the foundation for excellence and include relationships with the patient and family, colleagues, and self. Kristen Swanson's *Five Caring Processes (Appendix A)* serves as nursing's philosophical foundation, which guides nursing practice.

We believe individuals care for others most optimally when they care for their own mental, emotional, spiritual, and physical health. Therefore, nurses need and deserve adequate time and resources to meet their individual needs, enabling them to support patients and families to their fullest ability.

We believe healthy, collegial relationships are essential for optimal care and aspire to live in accordance with the behaviors articulated in the "*Commitment to My Co-Workers.*"

We believe in and practice Relationship Based Nursing as a care delivery model developed by Munson Medical Center nurses, which empowers nurses to provide clinically competent, caring, and individualized care to patients and their families. We believe all nurses involved in a patient's care establish a therapeutic relationship, which allows for optimal support for the patient and family during their episode of care.

From this philosophy, and in conjunction with the Munson Strategic Plan, the mission, vision, and framework for nursing practice at Munson Medical Center is derived.
Strategic Priority Area: Transformational Leadership

Health care in the United States is always changing and becoming more complex. Today’s leaders must transform their organization's values, beliefs, and practices in order to meet and anticipate the demands of the future. Transformational leadership styles focus on team-building, motivation, and collaboration with employees at different levels of an organization to accomplish positive change. Transformational leaders set goals and incentives to push their staff to higher performance levels, while providing opportunities for personal and professional growth.

Goal 1: An updated shared vision of Nursing at MMC is in place to give direction to nursing practice.

Tactics:
• Revise the vision statement through input and ideas obtained from nursing councils and nursing staff.
• Communicate and educate vision to all nursing staff.
• Assure the Munson culture and nursing environment is prepared for "Magnet III/Redesignation."

Measurement:
• Vision statement is updated.
• Pre- and post-surveys of knowledge from nurses regarding the nursing vision reflect an improvement.

Goal 2: Nursing staff are knowledgeable about the changes occurring related to health care reform, changing reimbursements, and organizational responses.

Tactics:
• Inform and educate nursing staff on changes in health care and communicate expectations to nursing staff.
• Hold quarterly open forums for nursing staff as needed.
• Incorporate into existing communications including Huddle, Mag.NET, and other vehicles as needed.
Measurement:
• Safety culture survey results increase in, "I get adequate information about events that affect my work."
• Improved compliance with patient outcomes and core measures.
• Employee engagement results increase in, "I know what is expected of me" and "employees have direct contribution to success."

Goal 3: Nurses at all levels of the organization have forums to advocate for resources to ensure the implementation of best practices and optimal outcomes.

Tactics:
• Assure systems are in place enabling every nurse to have a voice in resources needed to care for patients.

Goal 4: Every nursing unit has an established forum for nurses to improve the work environment.

Tactics:
• This is made a standing item on unit practice councils or unit action councils every quarter.

Measurement:
• Every nursing unit experiences at least one improvement in its working environment per year.
**Strategic Priority Area: Structural Empowerment**

Solid structures and processes provide an innovative environment that empowers nurses to practice in a professional and autonomous manner. This helps them achieve the highest degree of clinical excellence and professional fulfillment. This component also addresses the need to foster relationships and partnerships across the health care continuum and promote a positive image of nursing.

**Goal 1: Evaluate the nursing shared governance and committee structures and recommend and/or implement changes to align and enhance active participation by all levels of nurses at MMC.**

**Tactics:**
- Review and revise, as needed, listings of unit and hospital committees, as well as roles and responsibilities for each.
- Organizational chart for committee structure and representation.
- Develop standardized format and committee structure, including committee leadership as well as clear liaisons between unit and divisional levels of shared governance.
- Leverage technology and support to ensure the nursing intranet and remote meeting attendance are available.

**Measurement:**
- Complete a pre- and post-evaluation of the effectiveness of shared governance.
- Increased regular meeting attendance.
- Number of shared governance meetings in which nursing leadership is available and represented.
- Number of changes implemented at staff nurse suggestion (in addition, patient outcomes related to these changes).
- Percentage of divisional and unit shared governance chairs and chair-elects who attend shared governance chair orientation.
- Post list of committees on intranet by end of 2013.
Goal 2: Opportunities for professional development are available for the MMC nursing staff.

Tactics:

• Increase awareness of benefits and processes to obtain and retain certification, tuition reimbursement, etc.
• Quantify the contributions coming from nurses on the Clinical Advancement System (CAS).
• Review and consider expansion of RN CAS eligibility, including additional level for nurses prepared at the doctorate level.
• Clarify expectations for professional development. Evaluate methods for obtaining ladder status, as well as transition requirements for CAS ladder progression.
• Expand CAS committee membership.
• Evaluate methods to increase support for completing higher education (e.g., tuition reimbursement policy, scheduling flexibility, dual status, and/or loan forgiveness).

Measurement:

• Increased RNs on the CAS by 5% each year over the next four years.
• Improvements realized in the employee engagement question related to "my growth is encouraged."
• Increase percentage of BSN-prepared (or higher) nurses by 1% per year for the next four years, with a long-term goal of reaching 80% by 2020.
• Increase the percentage of MSN-prepared nurses by 1% per year for the next four years, with a long-term goal of reaching 4% by 2020.
Goal 3: A culture of appreciation and recognition is in place for the contributions made by nurses and nursing to the organization and the community.

Tactics:

- Expand Nurse of the Year honor to include monthly recognitions.
- Standardize and formalize huddle times to improve recognition. Increase visibility of administration using this methodology.
- Utilize "3 Good Things" to enhance individual recognition of contributions.
- Evaluate pay for nursing preceptors to recognize their contributions.
- Begin all nursing meetings with comments about the positive contributions made by nursing staff.
- Shared Governance and UAC councils to develop list of experts and contributions.

Measurement:

- Employee engagement question related to "recognition for job well done" greater than or equal to 60%.
- Employee engagement increases in “receiving recognition and feedback” and “supervisor supports my growth.”
- Decreased unit and organizational turnover rates.

Goal 4: Nurses grow professionally as preceptors, mentors, and leaders within the organization.

Tactics:

- Evaluate demographics of hospital and unit staff to determine replacement needs.
- Standardize preceptor eligibility, education, support, and incentives, including structures for organizational and unit oversight, scheduling, and evaluation.
- Develop preceptor committees, both unit-based and hospital-wide.
- Assess current state of mentoring programs within the organization.
• Develop a mentor program and criteria to promote professional development and retention.
• Standardize mentor eligibility and support, including structures for organizational and unit oversight and evaluation.
• Incorporate simulation learning opportunities as able.

Measurement:
• Revise preceptor program by end of 2013. Increase mentors by 5% per year from 2014 through 2016.
• Decreased new graduate RN turnover.
• Safety culture survey increases in “this organization does a good job in training new staff.”
• Increase in employee engagement question “this organization provides opportunity to improve professional knowledge and skill.”
• Increase in the number of hours where the simulation lab is used.

Goal 5: Wellness is promoted within the larger Grand Traverse community.

Tactics:
• Create stronger partnerships with community resources to support the continuum of care.
• Assure support for nursing involvement in community activities.
• Create linkages for nurses to be involved in meeting the goals as set forth to improve community health.

Measurement:
• The number of nurses engaged in community activities grows every year.
• Unit level involvement with initiatives contributes to the health and wellness of the community.
Strategic Priority Area:
Exemplary Professional Practice

Exemplary professional practice isn’t just the establishment of a strong professional practice, but rather, what that practice can achieve. Exemplary professional practice focuses on excellence, collaboration, quality, safety, and best practices to discover extraordinary results.

Goal 1: A consistent model of care delivery occurs throughout nursing.

Tactics:
• Education is provided for all nurses in Swanson’s Five Caring Processes.
• Launch education for establishing, maintaining, and terminating a therapeutic relationship with patients and families, according to our care delivery model.

Measurement:
• Pre- and post-survey related to their knowledge of the care delivery model.
• Pre- and post-assessment results from Swanson’s caring assessment for caregivers tool.
• Employee engagement increases on “employees show an attitude of genuinely caring about the customer.”
• Patient satisfaction increases in “degree to which staff addressed your emotional needs.”

Goal 2: Develop a caring culture with an emphasis on the creation of a safe and healthy workplace.

Tactics:
• Integrate unit based shared governance and UACs and reinvigorate RBC tenets for a healthy workplace environment.
• Promote healthy sleep habits in coordination with sleep clinic staff, targeting off-shift employees.
• Implement resiliency training for staff to raise awareness to the signs of fatigue and to decrease the incidence of burnout.
Measurement:

- Overall increase in employee satisfaction scores.
- Overall increase in Culture of Safety Stress Recognition scores.
- A reduction in the employee injury rates is achieved. This includes injuries associated with needle sticks, back injuries, and injuries related to violence.

Goal 3: Reduce number of falls, unassisted falls, and falls with injury.

Tactics:

- Conduct research and/or utilize evidence based practice to drive safety decisions. Utilize progressive mobility study data.
- Create the culture where hourly rounding is valued and all disciplines participate.
- Develop process in which patients are educated on falls prevention on admission and fall prevention huddles are convened as needed.
- Explore opportunities for “virtual” viewing for high risk patients.

Measurement:

- Number of falls and number of falls with injury is below NDNQI mean for majority of units a majority of the time.
- Percentage of unassisted falls is reduced by 25% in 3 years.

Goal 4: Access to internal nursing resources and external experts is available.

Tactics:

- Develop role clarity for CNS, resource nurse clinicians, and other internal experts.
- Create an easily accessible directory of nursing resources/experts/champions and skill sets.

Measurement:

- Place directory on nursing website measured by how many “hits” to the website.
Goal 5: Patient safety is maintained during handoffs in care.

Tactics:
- Evaluate current state: practice, tools, and gaps.
- Standardize hand-off elements (ED, CCL, OR) and incorporate face-to-face hand-off whenever possible, based on RBC principles.
- Consistent utilization of the shift summary and shift-to-shift communication.
- Consider development of mPage hand-off page.

Measurement:
- Decreased VOICE reports related to hand-off communication or missed elements of care.
- Develop measurements related to gaps identified in process mapping and institute pre- and post-measurements.

Goal 6: Patients experience safe transitions of care throughout the continuum of care that is consistent with their wishes.

Tactics:
- Define roles of case management, social work, patient care coordinators, and bedside nurses.
- Evaluate specific patient population needs and staffing patterns to ensure patient needs are met.
- Enhance physician and nurse relationships.
- Engage health care and ancillary staff in patient care plans and consistently perform multidisciplinary rounds for all patients that include the patient and/or family.
- Streamline the admission, transfer, and discharge process for inpatient units.
- Institute unit-based staffing models for resources (i.e. pharmacists, hospitalist, CM/SW).
- Initiate referrals to advanced care planning and palliative care as needed.
Measurement:
• Nurses articulate the specific roles involved in discharge planning activities.
• Reduction in the rate of readmissions.
• Reduction in the overall LOS for selected populations.
• Increased accuracy of predicted discharge date and time.
• Greater than 20% of the patients are discharged by 11am.
• Safety culture survey improvements in “nurse input is well received in this area.”
• Safety culture survey improvements in “the physicians and nurses work well together as a well-coordinated team.”

Goal 7: Patients are free from nosocomial infections.

Tactics:
• Infection prevention measures are consistently employed.
• Establish a culture of consistent hand hygiene on every unit.

Measurement:
• Infection rates are below the national mean for VAPs, CLABSI, CAUTI, sepsis, and other health care related infections.
• Nursing staff are at ≥ 95% for hand hygiene observations.

Goal 8: Nurses have resources to address and resolve ethical dilemmas.

Tactics:
• Support the development of the ethics mentors.
• Provide education to nursing staff addressing ethical challenges faced.

Measurement:
• Pre- and post-surveys of nursing staff.
Strategic Priority Area:

New Knowledge, Innovations, and Improvements

Munson Medical Center has an ethical and professional responsibility to contribute to patient care, the organization, and the nursing profession in terms of new knowledge, innovations, and improvements. Current systems and practices need to be redesigned to ensure success in the future. This component includes developing new models of care, application of existing evidence, new evidence, and visible contributions to the science of nursing.

Goal 1: Technology is leveraged to support nursing practice.

Tactics:

• Continue to consolidate documentation, forms, and move to paperless charting to facilitate communication of the goals for the patient and plan of care.
• Implement new, enhanced functionality within the electronic health record (EHR) including electronic care plans, additional mPages, and Nursing Hand-off mPage.
• Provide resources and support to improve compliance and standardization of nursing documentation, including dedicated unit documentation experts with time for support.
• Incorporate core measures and other clinical documentation to meet regulatory requirements.
• Develop a process to measure current state practices/documentation.
• Nursing involvement in design and development of new units or expansions.

Measurement:

• EHR meets requirements of regulatory agencies.
• Improved nursing satisfaction with use of EHR.
• Improvement on core measure compliance.
Goal 2: Health Information Technology (HIT) is utilized to support patient access to health care.

Tactics:
• Nurses participate in creating a system of patient education that is electronically accessible in both the inpatient and outpatient settings.
• Create partnerships with patients to guide their education needs.

Measurement:
• Nursing input is provided into the development of patient health care portal.
• Achievement of meaningful use goals for patient portal.

Goal 3: The conduct and utilization of nursing research is supported within the hospital and at the unit level.

Tactics:
• Evaluate the feasibility of a research department within nursing and/or the hospital and develop a plan for a nursing research department as needed.
• Develop resources and methods to secure grant funding for EBP and/or nursing clinical research.
• Engage doctoral resources to provide assistance with the coordination and facilitation of projects, publication of research, and implementation and communication of new knowledge and research throughout the organization.
• Develop a project list for nurses in school to participate in.

Measurement:
• Resources are available for the conduct of research and utilization of research findings.
• At least three research projects are started per year.
• At least one nursing research study or EBP change is submitted for publication in a peer-reviewed journal or national conference each year.
Goal 4: Nursing care is based on best practices, research findings, and values, beliefs, and preferences of patients and families.

Tactics:
• Continue the process for the utilization of the IOWA/TRIP model for EBP changes.
• Improve visibility and recognition of EBP within nursing.
• Expand education of nurses in the application of research and EBP internship.
• EBP and research is utilized to strengthen care for at least 2-3 vulnerable populations.

Measurement:
• Staff articulates how their nursing care reflects best practice through avenues such as performance appraisal, staff meetings, peer collaboration, and shared governance meetings.
• Staff applies the IOWA/TRIP model when implementing evidence based practice changes.
• References from professional journals and research studies are consistently cited in policies and procedures.
Appendix A

Swanson's Five Caring Processes

Kristen Swanson, a student of Jean Watson, developed Five Caring Processes, which provides caregivers a means for intentional and therapeutic interactions. The Five Caring Processes are:

1. **Maintaining Belief**: Having a fundamental belief in a person and their capacity to make it through events and transitions and face a future with meaning.

2. **Knowing**: Striving to understand an event as it has meaning in the life of the other...understanding the lived realities of those served.

3. **Doing For**: Doing for the other what they would do for themselves if it were possible.

4. **Being With**: Being emotionally present to the other.

5. **Enabling/Informing**: Facilitating the other’s passage through life transitions and unfamiliar events. (Swanson, 1991).

• Believing in/holding in esteem
• Maintaining hope-filled attitude

• Avoiding assumptions
• Centering on the one cared for

• Giving time
• Listening
• Conveying accessibility

• Performing competently
• Comforting
• Protecting
• Anticipating

• Informing and explaining
• Supporting
• Advocating
• Validating

References: