An Innovative Strategic Planning Model To Enhance Stakeholder Engagement in Strategic Planning (C728)

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Objectives

1. Describe a data-driven method for strategic planning.
2. Discuss ways to engage clinical nurse and interprofessional stakeholders in strategic planning.
3. Use information presented about this strategic planning method to design similar initiatives.

The Hospital of the University of Pennsylvania

- Located in Philadelphia, PA
- Part of the University of Pennsylvania Health System
- 789 bed quaternary academic medical center
  - Adult Admissions: 36,737
  - Outpatient Visits: 1,515,612
  - ED Visits: 63,565
  - Births: 4,221
  - Professional Nurses: 1,880
- Magnet designated since 2007

*Penn Medicine Facts and Figures, 2015
Background

**WHAT?** Strategy guides organizations toward meeting consumer needs

**WHO?** Nursing strategy: outlines nursing’s role in advancing organizational goals

**WHY?** Engaging nurses in strategy development is critical
  - Nurses have keen insight into consumer-clinician needs
  - Identify imperatives that transform nursing practice to meet these needs

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Gaps

Benchmarking & literature review revealed little strategy development within nursing

Very few organizations document their method for developing nursing strategy

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**OPPORTUNITY:** Engage nurses in creating a strategy that lives in nursing practice
Creating Strategy that Lives in Practice

**Project Aims:**

1. Elicit nurses’ perspectives about key priorities
2. Create strategy that nurses could easily incorporate into day to day practice

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**Data-Driven Method**

- Qualitative descriptive IRB-approved study
- 3-Phase Process
  - Phase I: Data collection and analysis
  - Phase II: Vetting
  - Phase III: Dissemination
- Final Product: one-page infographic outlining nursing’s strategic imperatives

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**Phase I: Data Collection and Analysis**

- Data collected via 42 focus groups with 197 nurses
  - Clinical nurses from all inpatient units
  - Clinical nurses from select outpatient areas
  - Advanced practice nurses from inpatient/outpatient areas
  - All nursing leadership groups
- Data analysis method: Thematic Analysis (Boyatzis, 1998)
- Emergent themes defined strategic imperatives
Phase II: Vetting

- “Theme Teams” Event: Facilitated session with key stakeholders (n=46)
  - Nursing: 31
  - Pharmacy: 2
  - Patient/Family Advisors: 4
  - SW/CRC: 2
  - EVS/Dietary: 6
  - Bed management: 1

- Translated imperatives into “specific, well-defined, on the ground actions and behaviors” (O'Connor & Dornfeld, 2014)

- Phase I and II findings vetted with interprofessional thought leaders to lead to development of final infographic

Phase III: Dissemination

- Incorporated feedback from multiple stakeholder groups to revise actions tied to each imperatives

- Created 1-page infographic: summarize imperatives and key actions linked to each imperative

- Infographic shared with every participant group via unit-level meetings led by CNE

Project Findings
Organizational Culture Sets the Stage

Antecedents:
- Conditions required to operationalize strategy

Strategic Imperatives:
- Priorities identified to drive improvements

Consequences:
- Desired outcomes of successful strategy

Organizational Culture

Role of individuals, systems people work in, how the work gets done

Contextual factors cannot be modified by nursing alone, highlighting the need for partnership

A lot of things are not streamlined.

"We're all facing the same problem, but we're not talking... variation creates inefficiencies."

The people who are making the decisions are so far removed from what's actually going on.

Nursing voice is essential for creating meaningful organizational change

KEY IMPERATIVE: INVESTING IN NURSING
"Cast a vision for what nurses can be"
### Investing in Nursing: High-Level Action Items

**Structures**
1. Establish mentoring programs and career pathways
2. Create roles that include protected time
3. Expand access to education across settings and disciplines

**Processes**
1. Recognize and align individual strengths with opportunities
2. Promote opportunities for autonomy in practice
3. Provide education that addresses nurses' identified learning needs
4. Increase integration of evidence into practice

**Outcomes**
1. Improved RN satisfaction (NDNG)
2. Improved nursing engagement
3. Increased nursing retention / decreased turnover
4. Improved certification rates

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### KEY IMPERATIVE: TEAMWORK

*Whole hospital as a team*

- All disciplines responsible for patient experience
  - **Teams:**
    - Inter-relatedness
    - Collaboration
    - Communication
  - **Nurses:**
    - Accountable to patients
    - Committed to nursing
    - Engaged in peer review

- Relationships
  - **Team:**
    - Working together
    - Patient-focused

- Communication
  - **Team:**
    - Open
    - Effective
    - Monitors: Patients, nurses, leaders

- Outcomes:
  - Patients receive timely, accurate information
  - Team members feel valued, respected, engaged
Quotes From the Focus Groups

<table>
<thead>
<tr>
<th>SHARED ACCOUNTABILITY</th>
<th>DELAYS IN CARE</th>
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<tbody>
<tr>
<td>&quot;This is what is expected of you as a nurse and as a person working here&quot;</td>
<td>&quot;Not just world class care, but timely world class care&quot;</td>
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<table>
<thead>
<tr>
<th>TEAMWORK</th>
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<tbody>
<tr>
<td>&quot;We should all be on the same page&quot;</td>
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<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>SILOS</th>
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<tbody>
<tr>
<td>&quot;Communication goes along with teamwork. You have to be able to talk and communicate with each other&quot;</td>
<td>&quot;We are all independently trying to reinvent the wheel&quot;</td>
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### Teamwork: High-Level Action Items

<table>
<thead>
<tr>
<th>Structures</th>
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<tbody>
<tr>
<td>1. Create consistent teams to build relationships</td>
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<tr>
<td>2. Maximize application of technology to facilitate team communication</td>
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<tr>
<td>3. Employ a shared communication framework</td>
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<tr>
<td>4. Strengthen structures for interprofessional collaboration</td>
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<tr>
<td>5. Establish team standards and accountabilities</td>
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<table>
<thead>
<tr>
<th>Processes</th>
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<tbody>
<tr>
<td>1. Elucidate team members’ roles and responsibilities</td>
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<tr>
<td>2. Purposefully engage multiple team members in decision making</td>
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<tr>
<td>3. Forge relationships that promote collaboration</td>
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<td>4. Communicate directly and timely with team members</td>
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<tr>
<td>5. Engage pts/families, all professional partners in bedside rounding, huddles</td>
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<tr>
<td>6. Provide ongoing interprofessional education to strengthen teamwork core competencies</td>
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<table>
<thead>
<tr>
<th>Outcomes</th>
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<tbody>
<tr>
<td>1. Increased employee engagement</td>
</tr>
<tr>
<td>2. Decreased adverse events</td>
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### KEY IMPERATIVE: PATIENT/FAMILY EXPERIENCE

"It’s what the patient values"

**Environment:**
- Presence mattering
- Access to overviews of room
- Welcoming, up to date

**Time with Patients:**
- Being present, sharing through
- Getting to know patients, as people
- Allowing patients to feel heard

**Person-Centered Care:**
- Care quality: Individualized
- 
  - Well-coordinated
  - Contingent across settings
- Engagement: Patient voice
- Induction in decision making

**Nurse Teaching:**
- Support
- Information

**Patient Teaching:**
- Patient Learners:
  - Stewardship in learning
  - Individualized education
  - Patient-friendly materials

**Patient Satisfaction:**
- Improved satisfaction
- Patients trust the team
- Patients feel cared for
- Patients understand what to expect during post operative period
Quotes From the Focus Groups

```
PATIENT TEACHING
"We need to start teaching in the outpatient setting."

PATIENT/FAMILY EXPERIENCE
"It's what the patient values."

TIME WITH PATIENTS
"Having more time to sit with patients, hold their hands, and talk to them."

COMFORT
"Patients need a significant amount of emotional support."

ENVIRONMENT
"A fresh coat of paint would go a long way."

"Patients and families need to have their expectations met. Or, they need to be honestly told why their expectations are not being met."
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Patient/ Family Experience: High-Level Action Items

<table>
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<tr>
<th>Structures</th>
<th>Processes</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>1. Invest in the physical environment</td>
<td>1. Include patient/family advisors in initiatives from the outset</td>
<td>1. Improved patient satisfaction (HCAHPS)</td>
</tr>
<tr>
<td>2. Create shared accountabilities for shaping patient experience</td>
<td>2. Provide ongoing training to promote competence in person-centered care</td>
<td>2. Improved RN satisfaction (NDNQI)</td>
</tr>
<tr>
<td>3. Establish communication structures that span care continuum</td>
<td>3. Strengthen delivery of individualized patient teaching</td>
<td>3. Increased employee engagement</td>
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<td></td>
<td>4. Anticipate patient and family expectations to choreograph experience</td>
<td>4. Increased brand loyalty; expanded market share</td>
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Achieving Excellence in Quality & Safety

Quality care & patient safety were cross-cutting themes:

- **Quality Care**
  - Efficient
  - Coordinated
  - Person and family centered
- **Patient Safety**
  - Rooted in a just culture
  - Requires use of evidence by all disciplines
  - Requires communication among team members and with patients/families
  - Nurses provide essential surveillance to protect patients

Excellence will be achieved through deliberate commitment to the Nursing Strategic Imperatives
**Keys to Engagement**

- Clinical nurse participation throughout
- Attention to the message
- Commitment to clinical nurses

**Participation in Focus Groups**

- **Messaging**
  - Opportunity to share voice
  - Collaborate with Chief Nurse
- **Clarification**
  - What are strategic imperatives?
  - Why do they matter?
- **Commitment**
The Voice of the Clinical Nurse

- All areas of practice
- Safe space
- Open-ended questions

Disseminating the Final Product

- Hearing directly from Chief Nurse
- Nurses' direct quotes
- Successfully drew links

Signs of Success

- Department of Nursing as one team
- Motivates action & focuses work
- Commitment to imperatives reflected in:
  - RN Satisfaction Scores
  - Current work that advances imperatives

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<th>AMC</th>
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<tbody>
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<td>3.51</td>
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<td>AMC</td>
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Mean Score (0-6)
Day to Day Application

EVERY UNIT is working on initiatives that tie to our imperatives. Consider a few examples:

Application 1

In medical:
• One-third of nurses on each unit have become Geriatric Resource Nurses (GRNs) as part of the federally-funded AGE (Advancing Gerontological Excellence) Program.
• They’ve received 30+ hours of evidence-based training focused on providing care to older adults.
• GRNs conduct specialized gero-focused assessments and work with peers/interprofessional team members to develop individualized care plans.

Application 2

In the cardiovascular service line:
• Nurses from inpatient and outpatient areas have partnered to develop a pre-operative class for patients being admitted for cardiac surgery.
• This class is intended to better prepare patients and families for what they will experience when they arrive for surgery.
Application 3

Radiology is partnering with Ground White to:
- Build relationships between nurses in both areas who commonly work together to care for patients but don’t know each other.
- These units are setting up shadowing to help nurses understand each other’s workflow and the experiences that patients have in each area.

Conclusion

- Nurses have keen insight that can be used to drive strategy development
- Nurses must be meaningfully engaged from start to finish
- Engaging nurses helps create commitment to advancing strategy

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