Purpose:

Nursing practice at St. Joseph Medical Center is an essential element in providing “healthcare that is safe, healthcare that is effective and healthcare that works” (Ascension Health’s strategic priorities). The purpose of the SJ Nursing Quality Plan is to provide direction to the nursing team that empowers and enables nurses at all levels to integrate high quality standards into action plans, improving quality in the clinical setting. This plan incorporates the organizational quality plan and strategic priorities into the constructs of the outline and is supported by the mission, vision, and values of the organization.

Under the supervision of the Chief Nursing Officer, Deb Ohnoutka, the nursing department will develop, operationalize, and evaluate action plans for quality improvement which are directly influenced by nursing. Nursing has a strong impact on the clinical outcomes of the organization and works collaboratively with multiple professionals within the organization to ensure delivery of high quality healthcare. Biennially, quality report contributors will provide updates to the goals specified in the nursing strategic planning session(s). Individual nursing units will display and periodically discuss elements of their quality clinical measures updated every month as a means of dissemination, engagement, and improvement tactics. Scorecards will be managed by the nursing department and analyzed by various designees such as, the CNO, nursing directors, nursing managers, nursing quality personnel, and/or clinical nursing staff.

Acronyms:

- NSI—Nurse Sensitive Indicators
- NDNQI—National Database of Nursing Quality Indicators
- NHSN—National Healthcare Safety Network
- PRC—Professional Research Consultants
- EBP—Evidence-Based Practice
- VBP—Value-Based Purchasing
- CMS—Centers for Medicare and Medicaid Services
- COEC—Clinical Operations Excellence Committee
- HRO—High Reliability Organization
- SEE—Service Excellence Education (monthly quizzes)
Benchmarking:
Nursing quality indicators will be benchmarked using national benchmarks, when available including, but not limited to:

- National Database of Nurse Quality Indicators (NDNQI)
- National Healthcare Safety Network (NHSN)
- Professional Research Consultants (PRC—patient satisfaction)
- Premier- Process (Core) Measures
- Research (EBP)
- Nursing Professional Specialty Organizations (i.e. AACN, ONC, ASPAN, AORN, etc)
- Quality Net (VBP and other CMS initiatives which includes national and state performance)

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<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Tactic</th>
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</table>
| Engage nursing teams in hospital affairs and promote professional growth and development | Magnet sustainability within the organization | • Promote and communicate Magnet standards to associates across all disciplines  
• Maintain a concurrent list of Magnet requirements met throughout the organization  
• Attend and promote Magnet values and standards at all levels in the organization |
| Nursing Research Growth | | • Clinical ladder  
• Research Council recruitment  
• Nursing orientation recruitment and discussion  
• Nurses’ Notes visibility |
| Support education for nurses related to performance improvement and quality management standards brought down by the organizational quality team | | • HRO training  
• SEE quizzes  
• Booster Days  
• Skills Days (annual competencies)  
• Disseminate project findings internally  
  ○ COEC |
**SJ Nursing Quality Plan**

**FY2015**

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<thead>
<tr>
<th>Goal</th>
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<th>Tactic</th>
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<tbody>
<tr>
<td>Maintain budget projections and meet budget requirements</td>
<td>Improve quality of care to match a cost-benefit ratios</td>
<td>Flex staffing, Monitor agency staff use</td>
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<td>Improve nursing retention by decreasing turnover</td>
<td>Versant Program, Retention committee programs and events, Recruiting &amp; retention bonuses (when applicable)</td>
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- Med Exec
- Board (when applicable)
- Disseminate project findings externally
  - Conference attendance
  - Podium presentations
  - Poster presentations
  - Journal articles
  - Contributors to professional nursing organizations
- Leadership support of conference attendance
- Demonstrate value to all nursing staff members by nursing leadership
  - Leadership visibility
  - All levels of nursing integrated into decision-making processes and implementation
- Monitor and analyze RN Satisfaction Survey results
  - Create and implement action plans based on survey results
  - Engage clinical nursing staff in survey analysis and tracking

**Finance**
SJ Nursing Quality Plan | FY2015

<table>
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<tr>
<th>EBP</th>
<th>Maintain IV team for PICC placement</th>
<th>EBP reviews with policy updates</th>
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**Growth (Market)**

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<tr>
<th>Goal</th>
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<th>Tactic</th>
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</table>
| Grow and sustain a culture of positive work environments on all nursing units | Improve visibility of SJ nursing to the nursing and general public communities | • KC Nursing News  
• KC Star  
• Nursing Newsletter  
• SJ Nursing Webpage  
• In-house marketing tools (banners, celebrations, table tents, etc)  
• Health Fair participation of nurses  
• Community events  
• Media/advertising  
• Teleo—highlighting nurse manager characteristics |

**Service**

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<tr>
<th>Goal</th>
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<th>Tactic</th>
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| Align with the organizational mission with nursing to provide high quality healthcare for body, mind, and spirit, approaching all customers with dignity and respect | Develop strategies for improving patient satisfaction scores specific to the defined key driver indicators | • Identify key drivers in patient satisfaction  
• Routinely assess patient satisfaction scores  
• Communicate scores to nursing staff using balanced scorecard  
• Celebrate goal accomplishments at the unit level  
• AIDET training and sustainability  
• Get Caught program |
| Enhance the patient advisory council | Bring new innovations for patient experience improvements to the council for suggestions and approval  
Keep open communications between the council |
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and SJ liaison to incorporate suggestions into care delivery for optimal experience

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<tr>
<th>Quality Goal</th>
<th>Objective</th>
<th>Tactic</th>
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| Develop processes and systems that promote culture of safety to ensure encourage, support, and build teamwork collaboratively with multiple professionals. | Monitor, evaluate, and disseminate NSI data                               | • Maintain NDNQI membership  
• Monitor and evaluate quarterly quality reports  
• Disseminate NDNQI quarterly report findings to appropriate staff members  
• Develop pertinent action plans related to NDNQI & report findings  
• Update and post unit-based scorecards  
• Identify goals based on national benchmarks (when applicable) for collected NSI data  
• Per the Quality Plan each clinical unit has to do 2 PI projects each year and nursing reports out at COEC once per year. |
| Educate National Patient Safety Goals                                      |                                                                            | • Engage Patient Safety Council by empowering members to disseminate information to fellow staff members  
• Scrolling marquee on the computer screensavers  
• Address in the Quality Newsletter  
• List in med rooms |
| Align NSI patient outcomes with state and federal regulations               |                                                                            | • Continue to monitor and disseminate core measure data  
• Create action plans for improvement for nursing-related core measures |