Nursing Strategic Plan 2024 (2024-2028)

UC Davis Health

Mission

Grounded in equity, we provide unparalleled care across California, transforming lives and communities. Our teams research and develop trailblazing therapies and technologies, educate and prepare a future-ready workforce, and drive excellence into all we do.

Vision

Tomorrow's healthcare today.

Values

Kindness, Trust, Inclusion.

Patient Promise

Patients are at the center of everything we do.

Nursing

Mission *WHY ARE WE HERE*

Provide science-based, technologically precise, compassionately delivered patient care.

Vision *WHERE ARE WE HEADED*

The highest quality of patient care provided through the advancement of nursing practice.

Values *HOW WE SHOW UP*

Extraordinary Love, Compassion, Courage, Integrity in every situation

Strategic Pillars

- Develop a Regional System of Care
- Develop Exceptional Patient and Care Team Experiences
- Advance Health Equity and Address Disparities
- Develop and Grow Integrated, Patient-Centric Services Lines
- Advance Clinical, Quality & Operational Excellence
- Advance Research, Innovation & Information Technology

Love	• We build relationships grounded in inclusivity, patience, kindness, and gratitude. In our teams and work, we bring our whole selves in an authentic and caring spirit and encourage others to do the same.
Compassion	• We provide empathetic and compassionate care of ourselves and others through attunement, wondering, following and holding, maintaining dignity and value while developing human relationships.
Courage	• We stay true to our values, even in the face of risk or loss. We speak up. We do this all in the service of personal and organizational integrity.
Integrity	• We work to make decisions and meet challenges with integrity, working together toresolve issues and maintain trustworthiness, goodness, decency, honor, and respect.

Strategic Pillars

Strategic Pillars 1 – 4 are taken directly from the UC Davis Health Clinical Strategic Plan (https://intranet.ucdmc.ucdavis.edu/clinical-strategic-plan/pdf/csp-report-internal-final.pdf). **Strategic Pillar 5 (Advance Clinical, Quality & Operational Excellence)** and **Strategic Pillar 6 (Advance Research, Innovation & Information Technology)** were developed in 2023 by a variety of UC Davis Health Nurses across our Professional Governance structure to address priorities for Nursing throughout the enterprise with related initiatives.

Develop a Regional System of Care

UC Davis Health aspires to build out a regional system of care, providing the right care in the right place at the right time. We will build and strengthen our partnerships, bringing UC Davis Health's subspecialty expertise and distinctive clinical trials to local providers. Strong partnerships and robust referral networks will expand our role as the provincial referral center of choice and ensure our world-class care is accessible to patients across Northern California and beyond.

Develop Exceptional Patient and Care Team Experiences

UC Davis Health aspires to be a top place to receive care and to work. For patients, UC Davis Health will be known as a trusted provider where navigating complex, interdisciplinary care is made easy by attentive care teams and smart design. For staff and care teams, UC Davis Health will foster a culture of kindness, trust, inclusion and collaboration, united around clear goals. Our workforce will be representative of the patients and communities we serve and will deliver care with cultural competence and humility.

Advance Health Equity and Address Disparities

UC Davis Health has been a leader in advancing health equity through our research, our education, our clinical care, and our partnership with the community. Through our Anchor Institution Mission, we embrace our economic and social role in keeping our communities healthy and we are addressing homelessness in partnership with the city and county. We will continue our efforts to lead in health equity and eliminate disparities for communities we serve. Specifically, we will work in partnership with the community to build trust, deepen our robust community relationships, provide equitable access to services, and use our hiring, purchasing, and investing power to positively impact our community. We will foster an inclusive culture where everyone feels they can bring their authentic selves to work so they can best serve our patients.

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Develop and Grow Integrated, Patient-Centric Services Lines

Over the next five years, UC Davis Health will transform key programs like our exceptional cancer, cardiovascular, neurosciences, and transplant services into integrated service lines that will organize clinical services into an integrated care continuum around a population or disease state. Our service lines will improve care for our patients by organizing care teams, clinical pathways, operations, and back-end analytics around the patient journey. And they will span care settings – from inpatient and ambulatory to digital and the home – to provide our patients with a seamless UC Davis Health experience, exceptional quality care, and improved outcomes.

Advance Clinical, Quality & Operational Excellence

Nurses at UC Davis Health aim to provide excellent clinical care. This requires delivering consistent, safe and high quality care through standardization of workflows and adherence to established goals. Focus on operational excellence drives efficiency, access, and throughput while alleviating capacity constraints.

Advance Research, Innovation & Information Technology

Research, Innovation and Information Technology support our UC Davis Health Nursing Mission to provide science-based, technologically precise, compassionately delivered patient care. These priorities link our inquiry and innovation to clinical care. This work also supports collaboration with internal and external partners.

How We Do It

Within each of the Strategic Plan pillars, initiatives are tagged according to how they fit within our Nursing Strategic Objectives (4 B's). Find the associated symbols of our 4 B's next to initiatives. These B's are How We Do It.

Best People & Practice Environment – Our work and practice environment attracts & retains the best people

Best Patient Experience – We deliver exceptional, patient centered care with each patient interaction

Best Quality – We have exceptional clinical and performance outcomes

Best Financial Stewardship – We have the resources to pursue the fulfillment of our Mission & Vision

A letter next to an initiative indicates matched text below that offers specific examples. Initiatives in different clinical practice areas may vary. Each clinical practice area will have a different combination of initiatives to address the specific issues and priorities in that area.

Develop a Regional System of Care

- Build out partnerships in target geographies for strategically aligned programs (A)
- Encourage nursing involvement in community and organizations external to UC Davis Health (B)
- Expand ambulatory sites of care for infusions, diagnostics, and outpatient surgeries and procedures in target geographies
- Expand telehealth and remote care capabilities (C)
- Improve patient referral and repatriation processes
- Support patient and families locally during acute phase of care and transition to their community (D)
- Expand transition of care infrastructure and initiatives systemwide (E)
- Facilitate community programs including wraparound resource partnerships (F)

Note: Letters in parentheses above correspond to items below. These are detailed initiatives that fit within the broader topic areas.

A.   Specific examples:
1.   High-risk obstetrics doula program Fetal Care and Treatment Center (FCTC) population
2.   Radiology infusion centers PCP's referrals

B.   Specific examples:
1.   California International Marathon medical team volunteers
2.   Flu clinics
3.   Heart health screening at high schools
4.   Nursing Outreach Volunteers in Action (NOVA)

C.   Specific examples:
1.   Post-discharge calls
2.   Pre Anesthesia Clinic (PAC) clinic including telemedicine, multidisciplinary, referrals
3.   Virtual follow up transition of care visits to avoid readmission/missed complications

D.   Specific example: Primary nursing

E.   Specific examples:
1.   Centralized patient transportation solutions (e.g., Vector Care, Lyft) transportation for patients
2.   Optimize patient care transitions across the health system
      a.   Anticipatory management of all transfer requests including procedural, ambulatory and research admissions
      b.   Partner with service-line leadership to optimize patient care
      c.   Increase all interfacility tertiary and quaternary transfers
      d.   Increase utilization of Discharge Reception Area
      e.   Efficient transport workflows
3.   Transition of care initiatives and programmatic development

F.   Specific Examples:
1.   Trauma Violence Prevention
2.   Transitions of Care

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Develop Exceptional Patient and Care Team Experiences

- Advance professional practice by engaging in professional organization meetings and leadership (A) 👥 ✪
- Assess and adapt practices to support nurses and clinical staff working at the top of their scope of licensure (B) 👥 ✪ 💚
- Attain and maintain recognition and accreditation programs (C) 👥 👤 ✪
- Develop strategies to focus on the psychosocial needs of the patient (D) 👤
- Evaluate professional practice model 👥 👤 ✪ 💚
- Expand development and philanthropic giving efforts (E) 👥 👤 ✪ 💚
- Explore environmental safety/security interventions for patient and staff safety (F) 👥 👤 ✪ 💚
- Explore, promote, and implement complementary and integrative therapies (G) 👥 👤
- Increase patient rounding practices (H) 👥 👤 ✪
- Implement practices which support cultural humility, respect people's time and support wellness (I) 👥 ✪
- Implement relationship-based culture and team building initiatives to build a culture of service (J) 👥 👤 ✪
- Improve responsiveness to patient calls/inquiries 👥 👤 ✪
- Invest in leadership development and training to support career growth of all employees (K) 👥 👤 ✪
- Involve patients and families in plan of care (L) 👤
- Maintain and advance accredited transition to practice programs (M) 👥 💚
- Provide opportunities and resources for professional development (N) 👥
- Promote best practice to support employee mental, emotional, or physical wellbeing (O) 👥 ✪ 💚
- Recognition: Awards and events for distinction (P) 👥
- Review and prioritize compensation and benefits to promote recruitment of top talent and equity (Q) 👥 👤 ✪ 💚
- Review and prioritize compensation and benefits to promote retention of top talent and equity (R) 👥 👤 ✪ 💚
- Systematically develop process to review incident reports (IRs), Patient Relations concerns for service recovery response and performance improvement identification. 👥 👤 ✪ 💚

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Note: Letters in parentheses above correspond to items below. These are detailed initiatives that fit within the broader topic areas.

A. Specific examples:
1. Clinical ladder recognition of professional organization involvement
2. Member in professional organization

B. Specific examples:
1. Develop initiatives to address top of scope of licensure practice for licensed vocational nurses (LVNs), registered nurses (RNs)
2. Patient panels for advanced practice providers (APPs)
3. Provide dedicated provider (physician and APP) education to optimize the capture of APP-performed reimbursable services
4. Support advanced practice programs

C. Specific examples:
1. Magnet (American Nurses Credentialling Center [ANCC])
   a. Enhance nursing staff understanding the nursing professional practice model (NPPM)
   b. Conduct annual evaluation of the nursing professional practice model (NPPM) and professional governance structure
   c. Sustain and leverage nurse practice council (NPC) All Here Day
      (1) To strengthen professional governance
      (2) To clarify council actions
   d. Preferentially hire nurses with Bachelor of Science in nursing (BSN) or higher educational preparation
2. Beacon Award for Excellence (American Association of Critical Care Nurses [AACN]; awarded to any patient care unit who can respond to the required critical care and step-down patient care areas)
3. Lantern (Emergency Nurses Association [ENA]; awarded to Emergency Department)
4. Nurses Improving Care for Healthsystem Elders (NICHE; New York University Rory Meyers College of Nursing; designation for healthcare delivery organizations dedicated to creating age-friendly care)
5. Premier Recognition In the Specialty of Med-surg (PRISM; Academy of Medical-Surgical Nurses [AMSN]; awarded to medical-surgical units)

D. Specific examples:
1. Advance our inpatient CARE Project to support expansion of Art Therapy, Recreational Therapy, pets helping us recover (PHUR), CARE Cuts and CARE Cart
2. Child Life programming
3. Quiet at night
4. Substance use disorders navigators (SUN)

E. Specific examples:
1. Encourage participation in events, employee giving, referrals, retirement giving.
2. Gratitude Heals program
3. Honor annual Gratitude Heals Award winner for dedication to advancing philanthropy in clinical nursing
4. Leverage fundraising knowledge, training, and experience
5. Specific funding lines include: The CARE Project, Reigniting the Spirit of Caring Endowment, Patient Assistance Support Fund, Child Life Support Fund, Center for Nursing Science Fund

F. Specific examples:
1. Safety check for belongings
2. Screening at UC Davis Health points of entry
3. Communication devices/strategies for duress alerting
4. Ergonomic evaluations
5. Monitoring of employee injuries (Workers Compensation Cases)

G. Specific examples:
1. Aromatherapy
2. CARE project
3. Chaplain services
4. Meditation and guided imagery resources
5. Music therapy/Therapeutic musician
6. Reiki

H. Specific examples:
1. Infection prevention
2. Leadership

3. Point of care
4. Point prevalence
5. Quality

I. Specific example: Meeting agendas in advance of meeting

J. Specific examples:
1. Advancement of therapeutic competencies through Relationship Based Culture workshops
2. Collaborate on organization-wide interprofessional workplace violence prevention initiatives

K. Specific examples:
1. Develop leadership capacity at all levels
2. Leading an Empowered Organization (LEO)
3. LEO for all unit-based practice council (UBPC) chairs/co-chairs
4. Rising Nurse Leader (RNL) program

L. Specific examples:
1. Care delivery design and evaluation
2. Leader rounding with staff and patients
3. Design environments that promote a joyful patient-centered aesthetic
4. Host patients back to UBPC or staff meetings post discharge

M. Specific examples:
1. Advanced practice provider (APP) transition to practice program accreditation
2. Maintain and expand APP fellowship program
3. New graduate nurse residency program
4. New graduate nurse residency program Practice Transition Accreditation Program (PTAP) ANCC; accreditation

N. Specific examples:
1. Advance career ladder across enterprise
2. Bridges to excellence
3. Center for Nursing Science resources: Conference list with timing for event and abstract due dates; Funding mechanisms for conference attendance scholarships; abstract writing support; poster printing support

O. Specific examples:
1. Academic and Staff Assistance Program (ASAP)
2. Best Team
3. Blood borne pathogen exposure
4. Ergonomic health
5. Lift Team
6. Peer Support program
7. Reigniting the Spirit of Care
8. Schwartz Rounds
9. See Me as a Person
10. Support U

P. Specific examples:
1. Advance Practice News
2. Always Nurse
3. APP Recognition Week
4. BEST Rewards program
5. Diseases Attacking the Immune System (DAISY) Awards
6. Leader Recognition
7. Nurses Week Programming
8. Nursing Science and Professional Governance Conference
9. Recognize and celebrate council accomplishments
10. Specialty Certification Day
11. Star Preceptor Excellence Mentor Award
12. Thank Goodness for Staff Awards
13. UCD Nurse Quarterly publications and Annual Report

Q. Specific examples:
1. Hire APPs with national board certification aligned with clinical practice setting and population
2. Human relations to reach out to local nursing schools
3. Recruitment - nursing practice focus

R. Specific examples:
1. Embed mentoring and succession planning for nurses at all levels
2. Recruitment/Retention - nursing practice focus
3. Sustain and maintain staffing resources as guided by regulatory, policy, and practice assessments

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Advance Health Equity and Address Disparities

- Advance nursing geriatric model into nursing practices ⊛
- Bring an equity lens to our patient care delivery models, including investing in data and analytics to eliminate health disparities and bias in clinical delivery (A) 👥 🧑‍⚕️ ⊛ 🌿
- Bring trauma-informed care into all nursing practice 👥 🧑‍⚕️ ⊛
- Collaborate with Office for Health, Equity, Diversity & Inclusion (HEDI) and Betty Irene Moore School of Nursing to advance Diversity, Equity, and Inclusion (DEI) (B) 👥 🧑‍⚕️ ⊛
- Develop an inclusive, culturally humble, and representative workforce and culture (C) 👥 🧑‍⚕️
- Develop strategies to address social determinants of health for patients (D) 👥 🧑‍⚕️ ⊛
- Encourage participation in employee resource groups (E) 👥 ⊛
- Encourage staff participation in volunteer events serving the local anchor institution mission (AIM) communities (F) 👥 🧑‍⚕️
- Engage in community trust-building and dialogue 👥 🧑‍⚕️ ⊛
- Evaluate equity, compensation, and regional market analysis of nursing roles 👥 🌿
- Implement strategies to support individual patients (G) 👥 🧑‍⚕️ ⊛
- Leverage language and literacy resources to support preferred language communication (H) 👥 🧑‍⚕️ ⊛ 💚
- Maintain and enhance diversity, equity and inclusion (DEI) goals and accountability structures (I) 👥 ⊛ 💚
- Provide resources/access/placement for unhoused patients (J) 🧑‍⚕️ ⊛ 🌿
- Provide support and interventions for substance use (K) 🧑‍⚕️ ⊛

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A. Specific examples
   1. Ability assessment
   2. Sexual orientation and gender identify (SOGI) training
B. Specific examples:
   1. Community health events
   2. DEI Council engagement
   3. Donation drives (Senior totes, Foster youth backpacks, Emancipation baskets, clothing drive)
   4. Provide Anti-Racism and Cultural Humility (ARC) training within nursing
   5. Structural Racism modules
C. Specific examples:
   1. Develop inclusive workspace
   2. Identify, attract, and retain a diverse staff
   3. Increase departmental participation in DEI events (e.g., Attend Implicit Bias Series, Cultural Excellence Grand Rounds, and/or engage in any UC Davis Health DEI or Community activity; relationship-based care programming).
   4. Integrate DEI in all professional development
   5. Raise awareness and accountability in support of cultural inclusivity
D. Specific example: Teaching health maintenance
E. Specific examples
   1. African American Faculty and Staff Association
   2. Asian Pacific American Systemwide Alliance - Sacramento
   3. DiversABILITY
   4. Latinx Staff and Faculty Association
   5. PRIDE – LGBTQ+
   6. Status of Women at Davis Administrative Advisory Committee
   7. Veterans Employee Association
F. Anchor institutions are nonprofit or public place-based entities such as universities and hospitals that are rooted in their local community by mission, invested capital, or relationships to customers, employees, residents, and vendors. In 2020, UC Davis Health formally launched its Anchor Institution Mission (AIM) for Community Health. The UC Davis Health AIM initiative is focusing on economically distressed communities in the Sacramento region. At the start of the AIM initiative in 2020, four geographic areas were identified as priority communities. This was later expanded to five, but with further evolution of the initiative, the AIM Communities have expanded to include 13 geographic areas based on distance to the UC Davis Medical Center campus, and in alignment with the Aggie Square Community Benefits Partnership Agreement, AIM is focused on 13 of these zip codes: 95817, 95820, 95824, 95828, 95811, 95814, 95815, 95822, 95823, 95838, 95818, 95832, 95833. As one of the leading institutions in both higher education and health care in the region, UC Davis Health is committed to leveraging its economic power and human and intellectual resources to increase the economic vitality of our surrounding nearby communities in thereby improving the health welfare and wellbeing of their residents (https://health.ucdavis.edu/diversity-inclusion/community-engagement/anchor-institution-mission/#:~:text=Anchor%20institutions%20are%20nonprofit%20or,employees%2C%20residents%2C%20and%20vendors.).
G. Specific examples: Considering ethnic, sexual/gender identity, neurodiversity, disability, other personhood aspects
   1. At risk for missed care
   2. Identify diverse patients and support
   3. Inclusive care – transgender care clinic
   4. Neuro-diverse patient populations
   5. Trauma program car seat program
   6. Underrepresented patient populations
   7. Unhoused
H. Specific examples:
   1. Embrace multilingualism in nursing
   2. Encourage bilingual language certification in nursing
   3. Include more diverse interpreting staff (gender and language)
   4. Maarti
   5. Use of analytic and clinical interpreting services to improve discharge education in the after-hospital and after-visit summary
I. Specific examples
   1. Identify/include DEI in all initiatives
   2. Include education in structural racism and cultural humility
J. Specific Example: Homeless Patient RN Discharge Protocols
K. Specific Examples:
   1. Consultation with Pain Management service
   2. Implement and monitor Clinical Opioid Withdrawal Scale (COWS)
   3. Opioid substance use pharmacist
   4. Substance Use Navigator (SUN) and substance use intervention team (SUIT) programs

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Develop and Grow Integrated, Patient-Centric Service Lines

- Continue to partner with Sierra Donor Services to support organ donor and recipient services 👥🧑‍⚕️⊛💚

- Develop integrated service line financials and incentives👥🧑‍⚕️💚

- Develop referral workflows and outreach relationships with regional hospitals (A)👥🧑‍⚕️⊛💚

- Expand distinctive clinical programs, such as neuroscience, cancer, cardiovascular, and transplant👥🧑‍⚕️⊛💚

- Expand nurse-driven care coordination⊛💚

- Increase patient access for procedure-based care🧑‍⚕️💚

- Integrate research and clinical trials, new care models, and therapies into service line delivery (B)👥🧑‍⚕️⊛💚

- Standardize and establish governance and management structures that support patient-centered care across the entire continuum (C)👥🧑‍⚕️⊛

An integrated service line organizes multidisciplinary services across the care continuum to serve a defined patient cohort. This patient-centric structure provides a more integrated and focused patient experience, while improving performance and supporting clinical growth, efficiencies and research.

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A. Specific examples:
   1. Affiliate partnerships
   2. Care coordinators, case managers, navigators supporting patients in transition of care
B. Specific examples:
   1. Collaborate with investigators and Clinical and Translational Science Center (CTSC) to facilitate planning for clinical trials in the conventional care setting
   2. Develop processes for communicating clinical trials information to nursing staff
   3. Develop service line nurse care coordination
C. Specific examples:
   1. Ambulatory governance
   2. Evidence based practice (EBP)
   3. Multidisciplinary Patient Education Committee (MPEC)
   4. Primary nursing
   5. Professional Governance Council
   6. Relationship based care programming
        i. Leading an Empowered Organization (LEO)
        ii. Reigniting the Spirit of Care (RSC)
        iii. See me as a Person (SMAAP)
   7. Transitions of care
   8. Unit based practice council (UBPC)

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Clinical, Quality & Operational Excellence

- Conduct training in various emergency preparedness readiness drills 👥👨‍⚕️✪💚
- Ensure *Just Culture* implementation and accountability 👥👨‍⚕️✪💚
- Ensure medication safety to decrease medication errors (A) 👥👨‍⚕️✪💚
- Finance/budget planning (B) 👥💚
- Implement and maintain evidence-based workflows to optimize practices and avoid hospital acquired infection (HAI) and injury (C) 👥👨‍⚕️✪💚
- Implement sustainability strategies by developing and advancing waste reduction (D) 👥💚
- Leverage programs that facilitate care transitions (E) 👨‍⚕️✪💚
- Maintain standardized performance improvement processes (F) 👥✪
- Multidisciplinary service line rounding 👥👨‍⚕️✪💚
- Participate in opioid stewardship program for best patient outcomes (G) 👥👨‍⚕️✪💚
- Patient experience presentations 👨‍⚕️
- Patient flow /capacity management (Patients receiving right care in the right setting) (H) 👨‍⚕️✪💚
- Patient safety events evaluation (I) 👨‍⚕️✪
- Peer review for advancement and professional growth (J) 👥✪
- Perform suicide risk assessment and provide mental health support 👨‍⚕️✪
- Promote data transparency using analytics (K) ✪💚
- Quality improvement education/course 👥💚
- Resources for professional development and distinction (L) 👥✪
- Restraint safety with decreased restraint incidence 👨‍⚕️✪
- Support engagement and consistency in multidisciplinary rounding 👥👨‍⚕️✪
- Utilization awards and acknowledgments for quality milestones (M) ✪
- Utilize benchmarking to inform nursing practice 👥✪

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A. Specific examples:
1. Ambulatory medication administration record (MAR)
2. Barcode Scanning Medication Administration
3. Infusion pump integration

B. Specific examples:
1. Develop and monitor productivity standards for each department
2. Develop and use a methodology to prioritize travel/training
3. Full time equivalent (FTE) variances
4. Full time equivalent (FTE) per average daily census (ADC)
5. Monitor turnover, vacancy, and retention
6. Overtime monitoring

C. Specific examples:
1. Items included in Nursing and Patient Care Services Scorecard which may include
   a. Decrease blood culture contamination
   b. Decrease catheter-associated urinary tract infection (CAUTI)
   c. Decrease central line associated blood stream infection (CLABSI)
   d. Decrease hospital-acquired pressure injury (HAPI)
   e. Decrease infection-related ventilator-associated complications (IVAC)
   f. Early mobility (BMAT Screening and Protocols)
   g. Fall prevention
   h. Increase chlorhexidine gluconate (CHG) compliance
   i. Increase hand hygiene
2. New metrics (rest until, restraint, language)
3. Nurse-driven catheter removal
4. Promote patient safety awareness activities
5. Systematic approach to developing and maintaining current synthesis tables for Nurse-Sensitive Indicators
6. Themed programs (Fall Friday, Wound Wednesday)

D. Specific examples:
1. Engagement with the sustainability committee
2. Explore unused medical supply donation
3. Follow sustainable procurement guidelines
   a. Lab collection bays with envelopes or wax paper
   b. Non-clinical
4. Pilot a supply ambassador in key areas across the organization
5. Plastic use
6. Replace disinfected reusable plastic products with aluminum products
7. Replace single use plastics with paper products
8. Unit level supply use reduction
9. Waste reduction

E. Specific examples:
1. Discharge reception area (DRA)
2. Interim care program for unhoused
3. New rehabilitation hospital
4. NorCal ambulance partnership
5. RN roles to support transitions of care (TOC)

6. Substance use navigator (SUN) program to facilitate care transitions for the patient experiencing substance use

F. Specific example:
1. Formal training re: process
2. Gemba rounds
3. Key performance indicator dashboards
4. Lean six sigma training
5. Project planning tools
6. Safety huddle process and boards
7. Utilization of A3 for quality projects

G. Specific examples:
1. Controlled substance accountability
2. Mulitmodal pain management
3. Rescue dosing policy and workflow

H. Specific examples:
1. Hospital at home implementations
2. Increase DC within 2 hours of DC order
3. Increase discharge (DC) by 2PM
4. Increase discharge reception area (DRA) eligibility
5. Mitigate readmissions (30-day, etc.)
6. Patient transfer efficiencies to improve movement times

I. Specific examples
1. Failure modes effect analysis (FMEA)
2. Provide training for all staff regarding relevant event evaluation processes
3. Root cause analysis (RCA)
4. Situation, Background, Assessment, and Recommendation (SBAR)

J. Specific example: Annual Peer Review process via 360 for leadership and relational competencies

K. Specific examples
1. Capture of APP-performed reimbursable services among stakeholders to evaluate revenue generating work
2. Metric/analytic development for registry and quality data
   a. Trauma Quality Improvement Program (TQIP)
   b. Joint Commission programs (Stroke, Cardiac, etc.)

L. Specific examples:
1. Engage in professional organizations to network and collaborate with external partners
2. Expand specialty certification with programs including the American Association of Critical-Care Nurses (AACN) Certification organization discount pricing program, the "success pays" program from American Nurses Credentialling Center (ANCC), the "free take" program from Oncology Nursing Certification Corporation (ONCC), and "no pass, no pay" from Pediatric Nursing Certification Board (PNCB)
3. Maintain resources for nurses seeking additional educational preparation
4. Maintain resources supporting national certification

M. Specific examples:
1. Good Catch Awards
2. Josie King Hero Awards
3. Patient Safety Awards

Research, Innovation & Information Technology

- Advance organizational engagement and distinction in nurse-led research, EBP, innovation, and information technology (IT) (A)
- Build and maintain infrastructure of resources and personnel to advance and sustain tracking, management and reporting of research and initiatives (B)
- Conduct device-related research (C)
- Deploy remote physiologic monitoring (D)
- Develop infrastructure to implement and continuously optimize innovation projects that include idea generation, product research, and development
- Electronic health record (EHR)/Nursing documentation evaluation for efficiency, elimination, or automation
- Evaluate new enhancements (information technology [IT], EHR, Analytics, Integration) for implementation
- Expand nursing informatics as a program (E)
- Expand telehealth workflows (F)
- Expand telemedicine and remote care capabilities (G)
- Explore Artificial Intelligence (AI)/Machine Learning (ML) model implementation focusing on care delivery (H)
- Intentionally integrate evidence-based practice (EBP) methodology into clinical and operational processes (I)
- Leverage and implement tools, equipment, and resources to advance efficiency, patient and staff safety (J)
- Optimize electronic health record and build information technology, reporting, and analytics capacity for integrated service lines
- Provide real time data at the point of care (K)
- Provide tools for the patient to increased transparency of care and access to information (L)
- Strengthen interdisciplinary partnerships in innovations, research, and EBP (M)
- Support and prioritize nurse-led and interdisciplinary research and innovation
- Support the access to and use of data analytics platforms and data to inform strategy, decision making, practice, innovation research and measurement of outcome achievement (N)

Note: Letters in parentheses above correspond to items below. These are detailed initiatives that fit within the broader topic areas.

A. Specific example:
    1. Lead (or participate in) high-quality multi-center initiatives
    2. Lead (or participate in) high quality external professional organization initiatives
B. Specific examples:
    1. Disseminate and facilitate external dissemination of research, innovations, and EBP
    2. Establish initiative intake platform for broad tracking, awareness, collaboration, and resource provisioning
    3. FTE to mentor staff to develop and implement high quality EBP initiatives to assure high yield results
C. Specific example
    1. Ablation
    2. BioButton
    3. Butterfly IQ+
D. Specific example
    1. Blood pressure monitoring
    2. Continuous glucose monitoring
    3. Pulse oximetry (SpO_2) monitoring
    4. Temperature, heart rate, and respiratory rate monitoring
E. Specific examples:
    1. Create nursing informatics organizational structure
    2. Develop nursing informatics position descriptions
F. Specific examples:
    1. Inpatient telehealth
    2. Telesitters
    3. Virtual visits
G. Specific examples:
    1. Pediatric critical care
    2. Pediatric trauma
    3. Telestroke
H. Specific example: Automation of care plan development based on patient data
I. Specific examples:
    1. Collaborate with Blaisdell Medical Library librarians to establish and maintain updated EBP resources
    2. FTE/budget for statisticians to consult on grant and study design, methods, reporting/perform analyses
    3. Invite interdisciplinary colleagues to participate in EBP programming
    4. Maintain and expand UCDH-based EBP training programming
    5. Maintain collaboration with ARCC model and immersion collaborators
J. Specific example: Integration of equipment to eliminate manual documentation (e.g., vital signs monitoring, ventilator)
K. Specific examples:
    1. Deploy functionality as available
    2. Increase Cipher template
    3. Inform rounding tools and reports
    4. Optimize patient outcomes at point of care
    5. Provide real-time nursing sensitive indicators and safety metrics data to guide evidence-based care
    6. Vital signs on Rover
L. Specific examples:
    1. Bedside TV
    2. MyChart Bedside
M. Specific examples:
    1. Advance partnership and collaboration in research and EBP with UCD Betty Irene Moore School of Nursing (BIMSON)
    2. Collaborate with other UC campus nurses in research and research infrastructure
    3. Develop collaborations with regional and national peer organizations in research and EBP
    4. Optimize dyad partnerships
N. Specific examples:
    1. Build customized Epic IT monthly reports
    2. Develop accessible and usable data access
    3. Develop key performance indicators (KPI), Scorecards, etc. to monitor outcomes and goals
    4. Make data accessible across care environments (hospital, ambulatory)

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