

Nursing Strategic Plan 2025 (2025-2029)

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 to resolve 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.

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 some specific examples. This is not intended to be an inclusive list. 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)    
- Expand ambulatory sites of care for infusions, diagnostics, and outpatient surgeries and procedures in target geographies    
- Expand systemwide transition of care infrastructure and initiatives (B)   
- Facilitate community programs including wraparound resource partnerships (C)  
- Optimize referral and repatriation processes   
- Promote nursing engagement in community organizations and events (D)   
- Support patients and families locally during acute phase of care and transition to their community (E)   
- Expand Population health programs to meet the Social Determinants of Health of our patients and community

Note: Letters in parentheses above correspond to items below. These are detailed initiatives that fit within the broader topic areas. This is not intended to be an inclusive list. Each clinical practice area will have a different combination of initiatives to address the specific issues and priorities in that area.

- A. Specific examples:
 1. Fetal Care and Treatment Center (FCTC) population
 2. Radiology infusion centers PCP's referrals
- B. Specific examples:
 1. Centralized patient transportation solutions (e.g., NorCal, 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
- C. Specific examples:
 1. Trauma Violence Prevention
 2. Transitions of Care
 3. SNF Collaborative
 4. SNF and B&C Bed Lease Program
- D. Specific examples:
 1. California International Marathon medical team volunteers
 2. Heart health screening at high schools
 3. Provide infrastructure to support volunteer opportunities in community
 4. Seasonal flu clinics
 5. SHINES program
 6. Stop the Bleed
 7. Employee Resource Groups and Nursing Affinity Association Collaborative work
- E. Specific examples:
 1. Lodging resources
 2. Visitation culture
 3. Cal AIM Resources & Referral

Develop Exceptional Patient and Care Team Experiences

- Advance professional practice by engaging in professional organization events, initiatives and leadership (A) 🧑🏻🧑🏻🧑🏻 ⭐
- Assess and adapt practices to support nurses and clinical staff working at the top of their scope of licensure (B) 🧑🏻🧑🏻🧑🏻 ⭐ 🌱
- Develop strategies to focus on the psychosocial needs of the patient (C) 🧑🏻
- Engage patients and families in care planning and decision-making (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) 🧑🏻🧑🏻
- Implement practices which support cultural humility, respect people's time and support wellness (H) 🧑🏻🧑🏻 ⭐
- Implement relationship-based culture and team building initiatives to build a culture of service (I) 🧑🏻🧑🏻🧑🏻 ⭐
- Improve responsiveness to patient calls/inquiries (J) 🧑🏻🧑🏻🧑🏻 ⭐
- Increase patient rounding practices (K) 🧑🏻🧑🏻🧑🏻 ⭐
- Invest in leadership development and training to support career growth of all employees (L) 🧑🏻🧑🏻🧑🏻 ⭐
- Maintain and expand accredited transition to practice programs (M) 🧑🏻🧑🏻🧑🏻 🌱
- Promote best practice to support employee mental, emotional, or physical wellbeing (N) 🧑🏻🧑🏻🧑🏻 ⭐ 🌱
- Promote professional governance structure and process across all environments (O) 🧑🏻🧑🏻🧑🏻
- Support professional development and distinction (P) 🧑🏻🧑🏻🧑🏻 ⭐
- Recognize and celebrate staff excellence through awards and events (Q) 🧑🏻🧑🏻🧑🏻
- Review and prioritize compensation and benefits to promote recruitment of top talent and equity (R) 🧑🏻🧑🏻🧑🏻 ⭐ 🌱
- Review and prioritize compensation and benefits to promote retention of top talent and equity (S) 🧑🏻🧑🏻🧑🏻 ⭐ 🌱
- Systematically develop process to review incident reports (IRs), Patient Relations concerns for service recovery response and performance improvement identification. 🧑🏻🧑🏻🧑🏻 ⭐ 🌱

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- A. Specific examples:
 1. Clinical ladder recognition of professional organization involvement
 2. Member in professional organization (local, state, regional, and/or national/international)
- 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
 5. Celebrate APP contributions
- C. Specific examples:
 1. Advance 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/Noise reduction
 4. Substance use disorders navigators (SUN)
 5. Mobilizing hospitalized patients outside
 6. Services for family and loved ones including grief and coping resources beyond religion and child-specific service
 7. Mental health care services across age continuum
 8. Three Wishes
- D. Specific examples:
 1. Care delivery design and evaluation
 2. Design environments that promote a joyful patient-centered aesthetic
 3. Host patients back to practice council or staff meetings post discharge
 4. Leader rounding with staff and patients
 5. Optimization of referral workflows
- 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 (e.g., weapons detector)
 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 example:
 1. Academic and Staff Assistance Program (ASAP)
 2. Wellness events and educational opportunities for personal growth and education
 3. Employee Resource Groups
 4. Cultural Grand Rounds
- I. Specific examples:
 1. Advancement of therapeutic competencies through Relationship Based Culture workshops
 - a. Leading an Empowered Organization (LEO)
 - b. Reigniting the Spirit of Care (RSC)
 - c. See me as a Person (SMAAP)
 2. Collaborate on organization-wide interprofessional workplace violence prevention initiatives
- J. Specific example: Call light responsiveness
- K. Specific examples:
 1. Infection prevention
 2. Leadership
 3. Point of care
 4. Point prevalence
 5. Observation of care audits with real time training
- L. Specific examples:
 1. Develop leadership capacity at all levels
 2. Evidence-based practice leadership workshop
 3. LEO
 4. LEO for all practice council chairs/co-chairs
 5. Rising Nurse Leader (RNL) program
- M. Specific examples:
 1. APP transition to practice program accreditation
 2. Maintain and expand APP fellowship program
 3. New graduate nurse residency program
 4. Practice Transition Accreditation Program (PTAP) American Nurses Credentialing Center (ANCC); accreditation

- N. Specific examples:
1. 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
- O. Specific examples
1. Professional Governance Council
 2. System-wide governance councils
 - a. Advanced Practice Provider Council
 - b. Clinical Practice Council
 - c. Diversity, Equity, and Inclusion Council
 - d. Electronic Medical Record Council
 - e. Evidence-based Practice and Research Council
 - f. Professional Development Council
 - g. Quality and Safety Council
 3. Practice council (PC)
 - a. 48X Operating Room
 - b. Accelerated Access
 - c. Adult Acute Care
 - d. Ambulatory Nurse Governance Council
 - e. Burn ICU
 - f. Cancer Center
 - g. Cardiology
 - h. Cardiothoracic Progressive Care Unit
 - i. Children's Surgery Center
 - j. CTICU
 - k. Emergency Department
 - l. ENT/Internal Medicine
 - m. GI and Pulmonary Endoscopy
 - n. Heart & Vascular Center
 - o. Home Care Services
 - p. Medical Intensive Care Unit
 - q. Medical Surgical Unit
 - r. Medical/Surgical Specialties
 - s. MSICU Blue
 - t. MSICU Gold
 - u. Neonatal (NICU/SCN)
 - v. Neuroscience
 - w. Neuroscience Specialty and Epilepsy Monitoring
 - x. NSICU
 - y. Oncology Bone Marrow Transplant
 - z. Operating Room
 - aa. Ortho/Trauma
 - bb. Pre-Anesthesia Clinic
 - cc. PACU
 - dd. Patient Care Resources
 - ee. Pediatric and Acute Care Pediatric
 - ff. Pediatric Cancer Center & Infusion Room
 - gg. PICU/PCICU
 - hh. Radiology
 - ii. Renal Services
 - jj. Surgical Intensive Care Unit
 - kk. Surgical Specialties Unit
 - ll. Transition of Care
 - mm. Transplant/Metabolic
 - nn. Trauma Nursing Unit
 - oo. Women's Pavilion and University Birthing Suite
- P. Specific examples:
1. Advance career ladder across enterprise
 2. Bridges to excellence
 3. Funding mechanism listings for grants for specialty certification, conference attendance, EBP, Research and QI
 4. Expand specialty certification with programs including the American Association of Critical-Care Nurses (AACN) Certification organization discount pricing program, the "success pays" program from ANCC, the "free take" program from Oncology Nursing Certification Corporation (ONCC), and "no pass, no pay" from Pediatric Nursing Certification Board (PNCB)
 5. Maintain resources for nurses seeking additional educational preparation
 6. Maintain resources supporting national certification
- Q. 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
 14. Case Management Recognition award
- R. 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
- S. 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














Advance Health Equity and Address Disparities

- Advance nursing geriatric model into nursing practices (A) 🌟
- 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 (B) 🧑🏽🧑🏿🌟🌱
- Collaborate with Office for Health, Equity, Diversity & Inclusion (HEDI) and Betty Irene Moore School of Nursing to advance Diversity, Equity, and Inclusion (DEI) (C) 🧑🏽🧑🏿🌟
- Develop an inclusive, culturally humble, and representative workforce and culture (D) 🧑🏽🧑🏿
- Embed trauma-informed care across all nursing practices 🧑🏽🧑🏿🌟
- 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 🧑🏽🌱
- Facilitate resources/access/placement for unhoused patients (G) 🧑🏽🌟🌱
- Implement strategies to address social determinants of health and support individual patients (H) 🧑🏽🧑🏿🌟
- Leverage language and literacy resources to support preferred language communication (I) 🧑🏽🧑🏿🌟🌱
- Maintain and enhance diversity, equity and inclusion (DEI) goals and accountability structures (J) 🧑🏽🌟🌱
- Provide support and interventions for substance use (K) 🧑🏽🌟

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- A. Specific examples:
 - 1. 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)
 - 2. Sustain age-friendly Emergency Department
 - 3. Geriatric Emergency Nurse Initiative Experts (GENIE)
 - 4. Geriatric Resource Nurse training program
 - 5. Geriatric Resource Nurse Committee
- B. Specific examples
 - 1. Ability assessment
 - 2. Death packet available in the top languages for our patient population
 - 3. Pharmacy labels in the top languages for our patient population
 - 4. Sexual orientation and gender identify (SOGI) training
- C. 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
- D. 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
- 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
 - 8. Interfaith and intercultural
- F. Anchor institutions are nonprofit or public entities such as universities and hospitals rooted in their local community by mission, invested capital, or relationships to customers, employees, residents, and vendors. In 2020, UC Davis Health 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. Initially focused in four areas, AIM Communities 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 (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, 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 Example:
 - 1. Homeless Patient RN Discharge Protocols
 - 2. Transition of care/case management coordination for housing
 - 3. Social determinants of health screening
 - 4. Longitudinal plan of care
 - 5. Multivisit care plan development
- H. 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. Gender-related care
 - 4. Neuro-diverse patient populations
 - 5. Trauma program car seat program
 - 6. Underrepresented patient populations
 - 7. Unhoused discharge interventions and navigation
 - 8. Healthy aging clinic
 - 9. Co-Care program
- I. Specific examples:
 - 1. Embrace multilingualism in nursing
 - 2. Encourage bilingual language certification in nursing
 - 3. Include more diverse interpreting staff (gender and language)
 - 4. Propio
 - 5. Use of analytic and clinical interpreting services to improve discharge education in the after-hospital and after-visit summary
- J. Specific examples
 - 1. HEDI partnership in initiatives
 - 2. Include education in structural racism and cultural humility
- 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

Develop and Grow Integrated, Patient-Centric Service Lines

- Develop integrated service line financials and incentives   
- Develop referral workflows and outreach relationships with regional hospitals (A)    
- Expand distinctive clinical programs (B)    
- Increase patient access for procedure-based care (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. Develop transfer center protocols for tertiary/quaternary care and priority service lines
 3. Outreach efforts – education in burns, trauma, NICU, pediatrics, and maternal-child health
- B. Specific examples:
 4. Clinical programs
 - a. Cancer care
 - b. Cardiovascular services
 - c. Donor services
 - d. Neuroscience specialties
 - e. Pediatric surgical subspecialties
 - f. Transplant
 - g. Donor Care Unit
 - h. Immediate Care Unit
 5. Immediate Care creation in ACC
 6. On call Pediatric Specialty care
 7. Expanded clinic access for after-hours/weekend care
- C. Specific examples
 1. 48X perioperative services
 2. 48X interventional radiology
 3. 48X MRI
 4. Folsom GI

Clinical, Quality & Operational Excellence

- Access to and capacity for the right care environment (A) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍⚕️ ⭐️ 🌱
- Achieve and maintain recognition through national accreditation and excellence programs (B) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍⚕️ ⭐️
- Conduct training in various emergency preparedness readiness drills 🧑🏻‍🤝‍🧑🏻 🧑🏻‍⚕️ ⭐️ 🌱
- Ensure *Just Culture* implementation and accountability 🧑🏻‍🤝‍🧑🏻 🧑🏻‍⚕️ ⭐️ 🌱
- Ensure medication safety for best patient outcomes (C) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍⚕️ ⭐️ 🌱
- Finance/budget planning (D) 🧑🏻‍🤝‍🧑🏻 🌱
- Implement and maintain evidence-based workflows to optimize practices and avoid hospital acquired infection (HAI) and injury (E) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍⚕️ ⭐️ 🌱
- Implement sustainability strategies by developing and advancing waste reduction (F) 🧑🏻‍🤝‍🧑🏻 🌱
- Lead and engage in interdisciplinary collaboration (G)
- Leverage programs that facilitate care transitions (H) 🧑🏻‍⚕️ ⭐️ 🌱
- Maintain standardized performance improvement processes (I) 🧑🏻‍🤝‍🧑🏻 ⭐️
- Multidisciplinary (unit level) rounding in inpatient units 🧑🏻‍🤝‍🧑🏻 🧑🏻‍⚕️ ⭐️ 🌱
- Pain management and opioid stewardship for best patient outcomes (J) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍⚕️ ⭐️ 🌱
- Patient flow /capacity management (Patients receiving right care in the right setting) (K) 🧑🏻‍⚕️ ⭐️ 🌱
- Patient safety events evaluation (L) 🧑🏻‍⚕️ ⭐️
- Peer review for advancement and professional growth (M) 🧑🏻‍🤝‍🧑🏻 ⭐️
- Perform suicide risk screening & assessment with mental health support 🧑🏻‍⚕️ ⭐️
- Promote data transparency using analytics (N) ⭐️ 🌱
- Quality improvement education 🧑🏻‍🤝‍🧑🏻 🌱
- Restraint safety with decreased restraint incidence 🧑🏻‍⚕️ ⭐️
- Support engagement and consistency in multidisciplinary rounding 🧑🏻‍🤝‍🧑🏻 🧑🏻‍⚕️ ⭐️
- Utilization awards and acknowledgments for quality milestones (O) ⭐️
- Utilize benchmarking to inform nursing practice 🧑🏻‍🤝‍🧑🏻 ⭐️
- Standardize care for nursing scope of practice (P) 🧑🏻‍🤝‍🧑🏻
- Expand nurse-driven care coordination ⭐️ 🌱 (Q)
- Leverage clinical expertise for enhanced sustainability practices 🌱
- Nursing Excellence programing expansion 🧑🏻‍🤝‍🧑🏻 ⭐️
- Develop and Maintain the Patient Flow Governance Structure ⭐️

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- A. Specific examples:
 - 1. 48X
 - 2. UCDH Immediate Care
 - 3. Express Care
 - 4. Ambulatory clinic expansion
 - 5. Infusion expansion
- B. Specific examples:
 - 1. Magnet (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
 - i. To strengthen professional governance
 - ii. To clarify council actions
 - d. Preferentially hire nurses with Bachelor of Science in nursing (BSN) or higher educational preparation
 - e. Recruitment & retention initiatives
 - f. Employee engagement initiatives
 - 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 [AMSIN]; awarded to medical-surgical units)
 - 6. Geriatric Emergency Nurse Initiative Experts (GENIE) Designation
 - 7. Practice Transition Accreditation Program (PTAP) Accreditation
- C. Specific examples:
 - 1. Override workflow and protocol development
 - 2. Controlled substance accountability
 - 3. Rescue dosing policy and workflow
 - 4. Ambulatory medication administration record (MAR)
 - 5. Barcode Scanning Medication Administration
 - 6. Infusion pump integration
- D. 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. FTE per average daily census (ADC)
 - 5. Monitor turnover, vacancy, and retention
 - 6. Overtime monitoring
- E. 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. Decrease restraint use
 - g. Early mobility (BMAT Screening and Protocols)
 - h. Fall prevention
 - i. Increase chlorhexidine gluconate (CHG) compliance
 - j. Increase hand hygiene
 - 2. New metrics (rest until, restraint, language)
 - 3. Nurse-driven catheter removal
 - 4. Adult Post-Urethral Catheter Removal Pathway
 - 5. Promote patient safety awareness activities
 - 6. Systematic approach to developing and maintaining current synthesis tables for Nurse-Sensitive Indicators
 - 7. Themed programs (Fall Friday, Wound Wednesday)
 - 8. Ambulatory evidence-based central line removal
- F. Specific examples:
 - 1. Engagement with the sustainability committee
 - 2. Monitor and grow 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. Replace disinfected reusable plastic products with aluminum products
 - 6. Replace single use plastics with paper products
 - 7. Unit level supply use reduction
 - 8. Waste reduction
 - 9. Increase reusable supply items
 - 10. Increase reprocessing of supply items
- G. Specific examples:
 - 1. Multidisciplinary Patient Education Committee (MPEC)
 - 2. Interdisciplinary teams working on EBP and QI initiatives
 - 3. Nursing engagement in clinical trials
 - 4. Institutional Review Board

- H. Specific examples:
 1. Discharge reception area (DRA)
 2. Interim care program for unhoused
 3. Rehabilitation hospital
 4. NorCal ambulance partnership
 5. RN roles to support transitions of care (TOC)
- I. 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
 8. Utilization of ARCC methodology for EBP initiatives
- J. Specific example: Multimodal pain management
- K. Specific examples:
 1. Hospital at home implementations
 2. Increase discharge (DC) within 2 hours of DC order
 3. Increase DC by 2PM
 4. Increase discharge reception area (DRA) eligibility
 5. Mitigate readmissions (30-day, etc.)
 6. Patient transfer efficiencies to improve movement times
- L. 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)
- M. Specific example: Annual Peer Review process
- N. 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.)
 - c. Children's Surgery Program
- O. Specific examples:
 1. Good Catch Awards
 2. Josie King Hero Awards
 3. Patient Safety Awards
- P. Specific examples:
 1. Foundational nursing practice
 - a. Bathing
 - b. Clean environment
 - c. Clean patient
 - d. Assessment
 - e. Patient education
 - f. Care plan documentation
 2. Primary nursing
 3. Nurse-driven protocols
 4. Functioning to top of scope
- Q. Specific Examples:
 1. Care coordinators, case managers, navigators supporting patients in transition of care
 2. TOC non-clinical navigators for care coordination
 3. Nurse Navigators for care coordination
 4. Nurse-driven discharge pathway in PACU
 5. Transition of Care pathways (Rehome, IPOP)
 6. High risk populations

Research, Innovation & Information Technology

- Advance organizational engagement and distinction in nurse-led research, evidence-based practice (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) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- Collaborate with nurses and other disciplines across the University of California to leverage system-wide resources and perform research and advance practice and innovation 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- 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 (E) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- 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 (F) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- Expand telehealth workflows (G) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- Expand telemedicine and remote care capabilities (H) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- Explore Artificial Intelligence (AI)/Machine Learning (ML) model implementation focusing on care delivery, efficiency, and transparency/summarization of information (I) 🧑🏻‍🤝‍🧑🏻 ☆
- Integrate research and clinical trials, new care models, and therapies into service line delivery (J) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- Integrate EBP methodology into clinical and operational processes (K) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- Leverage and implement tools, equipment, and resources to advance efficiency, patient and staff safety (L) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- Maintain infrastructure and resources to support research in the conventional care environment (M)
- 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 (N) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆
- Provide tools for the patient to increase transparency of care and access to information (O) 🧑🏻‍💻
- Strengthen interdisciplinary partnerships in innovations, research, and EBP (P) 🧑🏻‍🤝‍🧑🏻
- Support and prioritize nurse-led and interdisciplinary research and innovation 🧑🏻‍🤝‍🧑🏻 ☆ 🌱
- Support dissemination of nurse-led research, EBP and quality initiatives, and innovations within the organization and externally (Q) 🧑🏻‍🤝‍🧑🏻 🧑🏻‍💻 ☆ 🌱
- 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 (R) 🧑🏻‍🤝‍🧑🏻 ☆ 🌱

Note: Letters in parentheses above correspond to items below. These are detailed initiatives that fit within the broader topic areas. This is not intended to be an inclusive list. Each clinical practice area will have a different combination of initiatives to address the specific issues and priorities in that area.

- A. Specific example:
 - 1. Lead (or participate in) high-quality multi-center initiatives
 - 2. Lead (or participate in) high quality external professional organization initiatives
 - 3. Center for Nursing Science research mentoring
 - 4. EBP Fellowship and Immersive Training Program
- 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
- C. Specific example
 - 5. Ablation
 - 6. Butterfly IQ+
 - 7. CGM for inpatient use
- D. Specific example
 - 1. Blood pressure monitoring
 - 2. Continuous glucose monitoring
 - 3. Pulse oximetry (SpO₂) monitoring
 - 4. Temperature, heart rate, and respiratory rate monitoring
- E. Specific examples:
 - 1. QR code engagement from ambulatory
 - 2. MyChart technology for call light
 - 3. College of Engineering collaboration
- F. Specific examples:
 - 1. Create nursing informatics organizational structure
 - 2. Develop nursing informatics position descriptions
- G. Specific examples:
 - 1. Inpatient telehealth
 - 2. Telesitters
 - 3. Virtual visits
- H. Specific examples:
 - 1. Advice
 - 2. Dispatch Health contracted provider services
 - 3. Pediatric critical care
 - 4. Pediatric TBI telehealth follow up
 - 5. Pediatric trauma
 - 6. Post-discharge calls
 - 7. Pre-Anesthesia Clinic (PAC) clinic including telemedicine, multidisciplinary, referrals
 - 8. Telestroke
 - 9. Triage
 - 10. Virtual follow up transition of care visits to avoid readmission/missed complications
- I. Specific example:
 - 1. Automation of care plan development based on patient data
 - 2. AI Scribe in ambulatory
 - 3. Generative AI summaries
- J. Specific examples:
 - 1. Collaborate with investigators and Clinical and Translational Science Center (CTSC) to facilitate planning for clinical trials in the conventional care setting
- K. Specific examples:
 - 1. Collaborate with Blaisdell Medical Library librarians to establish and maintain updated EBP resources
 - 2. Employ EBP methodology to leverage and integrate evidence into policy and practice addressing nurse sensitive indicators
 - 3. Employ targeted implementation strategies to ensure full integration of evidence-based recommendations into clinical practice
 - 4. Expand capacity to implement EBP in ambulatory setting
 - 5. FTE/budget for statisticians to consult on grant and study design, methods, reporting/perform analyses
 - 6. Invite interdisciplinary colleagues to participate in EBP programming
 - 7. Leverage the Decision Framework for EBP and QI Work for practice council initiatives
 - 8. Maintain and expand UCDH-based EBP training programs for staff and leaders
 - 9. Maintain collaboration with ARCC model and immersion collaborators
- L. Specific example:
 - 1. Integration of equipment to eliminate manual documentation (e.g., vital signs monitoring, ventilator)
 - 2. Expand integration in Care Everywhere
 - 3. Utilize EBP methodology to identify and de-implement outdated or low-value practices and streamline workflows
- M. Specific examples:
 - 1. Center for Nursing Science review of clinical trials in the conventional care environment
 - 2. Center for Nursing Science support clinical nurses engaging in and supporting and performing research
 - 3. Collaborate with CTSC on research educational initiatives
 - Maintain processes for communicating clinical trials information to nursing staff
- N. 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
- O. Specific examples:
 - 1. Bedside TV
 - 2. MyChart Bedside
- P. Specific examples:

1. Advance partnership and collaboration in research and EBP with UCD Betty Irene Moore School of Nursing (BIMSON)
 2. Develop collaborations with regional and national peer organizations in research and EBP
 3. Optimize dyad partnerships
- Q. Specific examples:
1. External dissemination resources, mentoring and poster printing through Center for Nursing Science
 2. Practice Council project presentation at Nursing Science and Professional Governance Conference
 3. Scholarly publication workshop series and mentoring
- R. 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)