Creation of a Regional Nursing Institute: 
Inspiring Excellence & Empowering Innovation in 
Nursing Professional Development

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ANPD 2014 Convention Orlando

Learning Objectives

1. Describe the strategic forces driving the creation of a 5 hospital Regional Nursing Institute (RNI).
2. Describe the theories and framework supporting the foundation of the Nursing Institute.
3. Identify the discernment through planning process for development of the vision, guiding principles, models and goals.
4. Summarize the RNI 2 year strategic initiatives and outcomes.

Background

We are Providence Health and Services 
Faith Based Catholic Heritage150 years 
Spans five states in the Western Region of the U.S.
PH&S Consolidated Statistics

Key Data - 2013

- Employees: 66,614
- Employed physicians: 4,020
- Employed advance practice clinicians: 870
- Physician clinics: 600
- Acute care hospitals: 33
- Acute care beds (licensed): 7,376
- Providence Health Plan members: 395,767
- Hospice and home health programs: 19
- Home health visits: 622,364
- Hospice days: 640,409
- Assisted living and long term care facilities (free standing and co-located): 22
- Supportive housing facilities: 14
- Units: 693
- Unique patients served: 2,483,462
- Community benefit and charity care costs: $951 million
- Total net operating revenue: $11.1 billion
- Total net operating income: $40 million
- Total net income: $255.8 million
- Total net assets: $7.3 billion
- Long term bond ratings: Moody's Aa2; S&P AA; Fitch AA

Data is consolidated for Providence and its affiliates based on unaudited financial reporting.

PHS SC Facts

- Epic Electronic Health Record 2013 -2014
- 13,000 employees
- 4,000 Nurses
- 280,000 ER lives served
- 12,800 deliveries
- Inpatient admissions 84,000
- Average Daily Census combined: 1,140
MISSION
As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

VISION
Together, we answer the call of every person we serve: Know me, care for me, ease my way.

CORE VALUES
Respect     Compassion     Justice     Excellence     Stewardship

CORE SYSTEM STRATEGY
One Ministry Committed to Excellence
We work together to surface expert-to-expert knowledge, and then rapidly and reliably deploy that knowledge for the benefit of every person in every community we serve.

STRATEGIES
Transform delivery of clinical care
Create enduring alignment with physicians & clinicians
Thrive under new reimbursement models
Enhance access by improving affordability
Grow to meet community needs

SYSTEMWIDE TACTICS
Providence will provide an exceptional patient-centered experience by developing a seamless care delivery system and innovative care models that align people, processes and technology to improve quality outcomes, reduce unnecessary clinical variation, and improve coordination across the continuum.

Providence will create lasting partnerships with physicians and other clinicians through employment and alignment opportunities that strengthen seamless and innovative care delivery and that foster development of physician leaders who will advance this vision.

Providence will partner with payers, purchasers and providers to help develop reimbursement models that advance seamless and innovative care delivery by rewarding quality, care coordination and value.

Providence will enhance access to care and improve health care affordability by providing value-based care across the continuum and reducing overall administrative and care delivery expenses.

In response to community needs, Providence will serve more people throughout the continuum of care via appropriate growth and development of services in existing and new communities.

OPERATIONAL SUCCESS MEASURES
Mission
Inspired     People Centered     Service Oriented     Quality Focused     Financially Responsible     Growing to Serve

NURSING
Providence nurses embrace their heritage of compassion, courage, and leading-edge care as a steadfast, sacred presence in protecting and easing the way for those in need.

Together, in partnership with our physician, clinician, and operational colleagues we seek to provide excellence in care for those we serve: Know me, care of me, and ease my way.

Nursing Institute Value Proposition
Advance quality, safety, improve outcomes using research & evidence. Decrease risks with practice variations.
Accelerate dissemination of nursing knowledge & best practice
Regional coordination of nursing academic affiliations, grants & research initiatives
Stewardship: reduce waste, minimize duplication in standards development & education
Customer satisfaction: decrease frustration due to lack of structure for standardization with key stakeholders
Distributive Justice: improve equitable access to design, educational & development resources.
Nursing Institute Vision
To inspire excellence & empower innovation to transform professional practice via education, research, evidence-based practice & enabling technology

Developed on 10-18-2011
CNO’s, RCNO, Educators, Clinical Informatics

The ANCC Magnet Model

Scoping the Vision & Structure
• SWOT
• Commonalities and differences in Professional Development structures and processes
• Programs offered and methods of education
• Educator / CNS inventory
• Nursing workforce assessment age profiling etc.
• Determined the six priority domains of work
**Strengths:**
- Initial commitment to vision and initial resources by senior team.
- Positive support for NI vision / structure / plans from key stakeholders.
- Rebuilding strong CNO team under RCNO expert leadership.
- Strong RCNO and RCMO partnership.

**Weaknesses:**
- Variable perception related to need for regionalization / standardization.
- Concerns about depletion of resources.
- Lack of skilled / structured team lead.
- Lack of communication structure for effective / efficient information flow.
- Inadequate focus on NSI outcomes.

**Opportunities:**
- Regionalization for optimization of:
  - E2E content build teams.
  - Professional Practice Nursing Building (PPM).
  - Standards, PC Care Delivery model: Theory.
  - Educational methodologies.
  - Quality Outcomes Nurse Sensitive Indicators (NSI) Nursing Research ISP.
  - Magnet standards optimization.
  - Regenerative simulation.
  - Scholarship.
  - Academic affiliation / contract mgmt.

**Threats:**
- Large scale change balanced with resource constraints demands.
- Financial external threat National agenda for change.
- Strength competencies of Ed. Dev. Leadership.
- Cost of enabling technologies ROI.
- Resources inadequate for NSI outcomes – analysis.
- Conflicting expectations of ministry CE an CNOs.

**SWOT Analysis**

**Assessment of Other Systems**

- Banner Health System
- North Shore Health System
- Providence Oregon Region
- Kaiser Permanente
- Christus Santa Rosa

**Diagram:**

- System Nursing Clinical Coordination
- Professional Practice
- CIC EHR
- The Nursing Institute
- Clinical Quality Patient Outcomes - Nursing Research
- Professional Development

**Professional Practice Model**
Nursing Institute Operations Domains Leader: Goals: Milestone Timeline

<table>
<thead>
<tr>
<th>Milestone</th>
<th>New Graduate</th>
<th>Orientation</th>
<th>Role Optimization</th>
<th>Clinical Education</th>
<th>Affiliation Contracts</th>
<th>Nursing Standards</th>
<th>Professional Practice</th>
<th>Outcomes: 100%</th>
<th>Rate Development Phases</th>
</tr>
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<tbody>
<tr>
<td>Lydia Wong</td>
<td>Risa Schor</td>
<td>Jennifer Gaine</td>
<td>Carol Miles</td>
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1. To improve design and implementation of practice BN Residency Model(s)
   - New Graduates and Residency RNs to new institution
   - To improve outcomes
2. To improve collaboration
   - To improve outcomes
3. To implement technology
   - To improve outcomes
4. To standardize new competency assessment
5. To standardize new competency assessment
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Accomplishments & Outcomes

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Leadership – Management Theories in Developing & Implementing Professional Practice Model and Patient and Family Centered Care Delivery Model

Change Theory & Leadership Models

Change Theory: Health Systems are Complex Adaptive Systems (CAS), are self-organizing and new elements will emerge, the changes adapt to reactions between subsystems and top down control is impossible. Thus Magnet model and Shared Governance support CAS.

Senge’s ‘Shared Vision’: Establishing a purpose in a learning organization which reflects the staff’s personal vision, therefore increasing commitment.

Transformational Theory: A model of leadership in organizational behavior that fosters organizational change. Ability to define a vision, the ability to build a team, create a culture of leadership, and to change how people think.

Servant Leadership: Represents a model of leadership that is inspirational and contains moral safeguards. 10 characteristics common among servant leaders: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, growth, and building community.

The Providence Health & Services Southern California model illustrates a commitment to quality and excellence in nursing care, shared leadership and empowerment, professional development and advancement, evidence-based practice, and interprofessional collaboration, reflecting a commitment to caring for all patients and families.

Theory’s & Models In Professional Practice Model

Patient and Family Centered Care Delivery Model

Benner Novice to Expert

Jean Watson Human Caring Theory
Accomplishments 2012-13

Regionalized Patient Care Orientation

Nurse Residency

- 8 Specialty Residency Program
- Selection of Specialty Organization Online Education Programs: AWHONN, AORN, AACN ECCO
- Integrated Clinical Simulation

Nurse Residents in Simulation
Clinical Standards from Development to Accountability

- Inputs: Drivers for practice changes
- Develop Standards: Expert to Expert Teams
- Education
- Competency Verification
- Leadership Accountability

Clinical Practice Standardization

40 Plus Regional Clinical Standards:
- IV Insulin Protocol
- Pressure Ulcer Prevention
- Plan of Care
- Glucose Meter with Standards
- Infection Prevention Policies
- Emergency Triage Nurse Driven Protocols
- Critical Elements of Safe Patient Hand Off
- Clinical Alarms
- Medication Reconciliation

Education Approach for Practice Changes

- Simple
- Compound
- Complex
  - Inter-professional, knowledge & attestation skill demonstration
Complexity of Change Definitions, Education Methodologies & Competency Validation Processes

<table>
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<tr>
<th>Complexity of Clinical Standard Change</th>
<th>Definition</th>
<th>Education Methodology</th>
<th>Competency Validation Processes</th>
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<tbody>
<tr>
<td>Simple Change</td>
<td>A simple change is a minor change to an existing practice and is easily understood or performed. (Telephone verbal orders, medication/product replacement/change, updated health education material, influenza vaccine update, computer program reheasal, ICP: based review, VTE)</td>
<td>Practice Alert</td>
<td>No validation on verification of knowledge, attitude or skills.</td>
</tr>
<tr>
<td>Compound Change</td>
<td>A compound change is a change to the practice environment. It is a moderate practice change that requires verification of knowledge, attitude, and/or skills. (Blood test change, central line dressing change - product &amp; protocol, Blood, KODIIV, glucose meter, X-Ray)</td>
<td>Practice Alert</td>
<td>No validation or verification of knowledge, attitude or skills.</td>
</tr>
<tr>
<td>Complex Change</td>
<td>A complex change is a major change to the practice environment that requires validation of knowledge, attitude, and technical skills. (EPIC, ED Standardized Procedures, Columnar insulin protocol ICU, Thrombectomy, Hypothermia, BS IDOL changes, BLS 2012)</td>
<td>Practice Alert</td>
<td>Validation of knowledge options: post test, Attestation statement, validation of technical skill options: demonstration of skill, 100% of users must complete practice alert.</td>
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References: 2013 Medical Center of Plano, Plano, TX, Nursing Education Collaborative of Oregon, PhD, Poudre Valley Hospital, Fort Collins, CO, E. Gorbunoff MS, RN, BC, Dir., Reg. NI Ed, Domain 4-15

Clinical Practice Change

When is the Change Effective?

What is Changing?

Why the Change?

What we need from you?

Need more information about VTE changes?

Nursing Research & EBP Mentor Program
Accomplishments continued

- Launched CE Center on-line 10-13
- Krames On Demand (KOD) Patient Family Ed in EHR
- Regional integrated educational calendar(s) Education Agreements regionalized, on-line
- Clinical Grant Council
- Nurse Sensitive Outcome Registry CALNOC standardized reporting
- Regional Lippincott Skills & Procedures on-line

Nurse Leader Development

- Charge Nurse
- Preceptor
- Mentorship Program
- Nurse Manager – Leader Development Program

Goals 2014-2015

- Post Epic Clinical Standardization
- Optimization of Orientation
- ANCC certification of RN Residency Program
- Optimization of training via Video Conferencing & On-line meetings and virtual learning
- Integration of St. John’s Health Center
- Track & optimize utilization CE Center on-line learning
Goals 2014-2015

• Standardize RN Competency using Donna Wright Model
• Optimization of Clinical Simulation Regionally
• Advance Nursing Research Agenda / funding
• Expansion of Nurse Manager Mentor Pilot
• Launch of Nurse Management Leader Development Program

Lessons Learned

Challenges

▪ Role expectation & confusion re: educators
▪ Tensions re: hospital vs. regional work; limited resources, need to connect the dots
▪ Transition from silo regional clinical councils to interprofessional collaboration
▪ Reliance on Nursing to lead process & clinical practice changes e.g. HR, Pharmacy & Lab
▪ Communication complexities

Positives:

▪ Commitment to the shared need and vision by Nurse Leaders
▪ Level of stunning collaboration!
▪ Trust mattered
▪ Matching the passion and gifts of the LEPD to the domain work
▪ Amount of work accomplished in short time frames
▪ Meeting facilitation skills & tools success
▪ Communication structures successes
Value Proposition for Patient & Families

Patients & families have a greater likelihood to experience consistent level of competency & care from healthcare professionals with standardization in clinical practice.

Discussion