

2024 VIZIENT CONNECTIONS SUMMIT

vizient.

# REFLECTION

REFLECT | ADAPT | EVOLVE





# Joint Medical, Nursing, and Quality Executive Peer to Peer Session

## **Peggy Duggan, MD**

Executive Vice President, Chief Physician Executive and Chief Medical Officer  
Tampa General Hospital  
Tampa, Fla.

## **Matthew McCambridge, MD, MHQS, CPHQ, CPPS**

Sr. VP, Chief Quality, Patient Safety, and Acute Care Continuum Officer  
Legacy Lehigh Valley Health Network  
Chief Medical Officer, Acute Care Quality  
Jefferson Health  
Allentown, Pa.

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# Overall Learning Objective

- **Describe caring science strategies to create an environment that promotes healing and enhances the overall patient experience.**



# Reflections on the Significance of Caring to Drive Personal and Professional Positive Change

**Dale E. Beatty, DNP, RN, NEA-BC, FADLN, FAONL, FAAN**  
Chief Nurse Executive & Senior Vice President  
Patient Care Services  
Stanford Health Care  
Stanford, Calif.

# About Stanford Health Care



- Academic Medical Center
- Located in California's Silicon Valley
- Level 1 Trauma Center
- New '500P' hospital opened in 2019
- 619 licensed beds. Operate 820.
- 119 licensed ICU beds
- 4,153 inpatient and ambulatory RNs
- 1,615 residents & fellows
- 2,283 physicians on active medical staff

- **“5 Star”** CMS Rating for 5 Consecutive Years
- **“A Grade”** Leapfrog Safety Grade Fall 2023
- Vizient Top Quartile performer with several measures performing in the Top Decile



## Our goals:

- Healing humanity “through **science** and compassion”
- Providing “**leading edge** care”
- Becoming the “**best** at getting better”



**4 X Magnet  
Designee**

**5,100+  
nurses**



**619 Licensed  
Beds – 820  
FTC**



**1.2 million +  
Outpatient Visits**





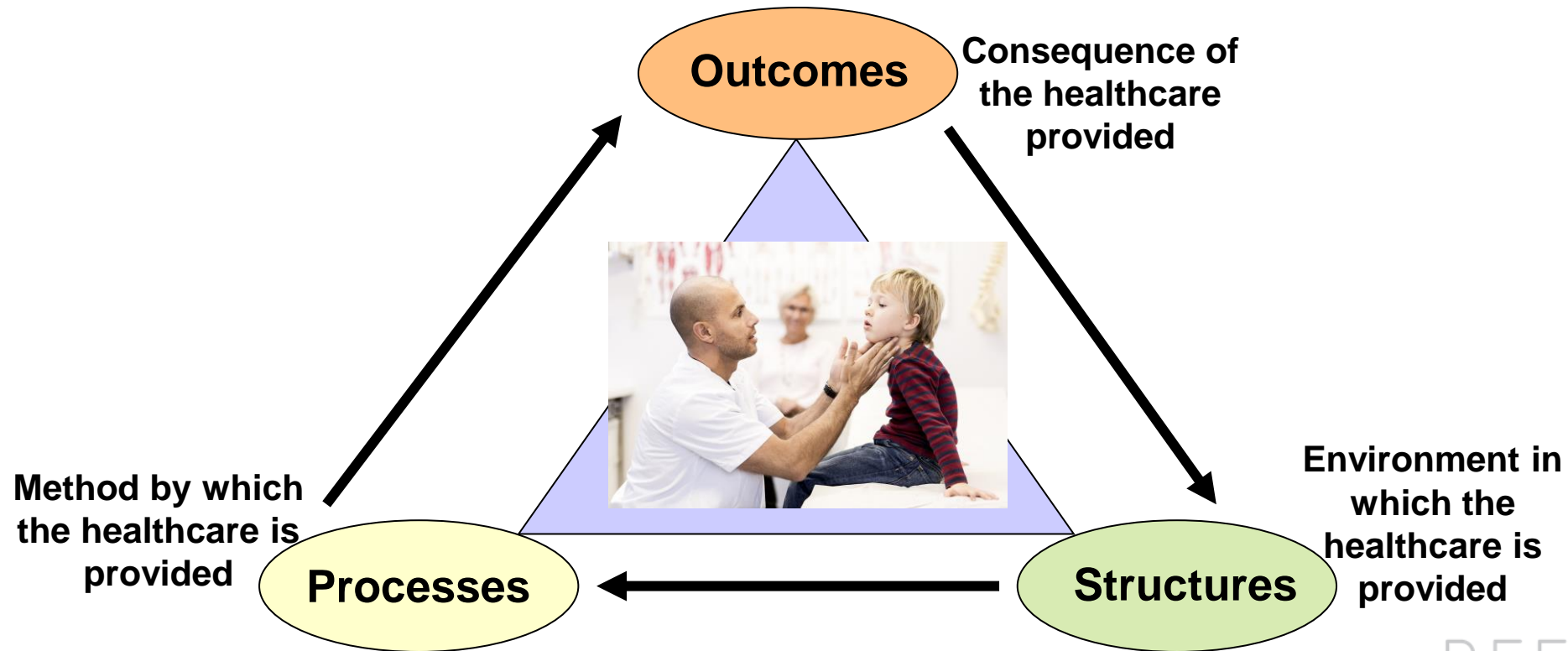
# I am Human

I would like to share a video created by Stanford Medicine WellMD & WellPhD as part of their “I am Human” initiative. Although there are many dimensions of workload and practice environment that need to be addressed, there are also professional norms and attitudes that must be addressed to create the environment we aspire to. The purpose of the “I am Human” initiative is to open a conversation among healthcare workers emphasizing our common humanity and acknowledging that we are not superhuman.

# Donabedian's Model

REFLECTION

Supported by a model for assessing health care quality. Developed by Dr. Avedis Donabedian, based on Structure, Processes and Desired Outcomes





# Donabedian: Structure

# Highlighting Key Structures at SHC – “Our Secret Sauce”



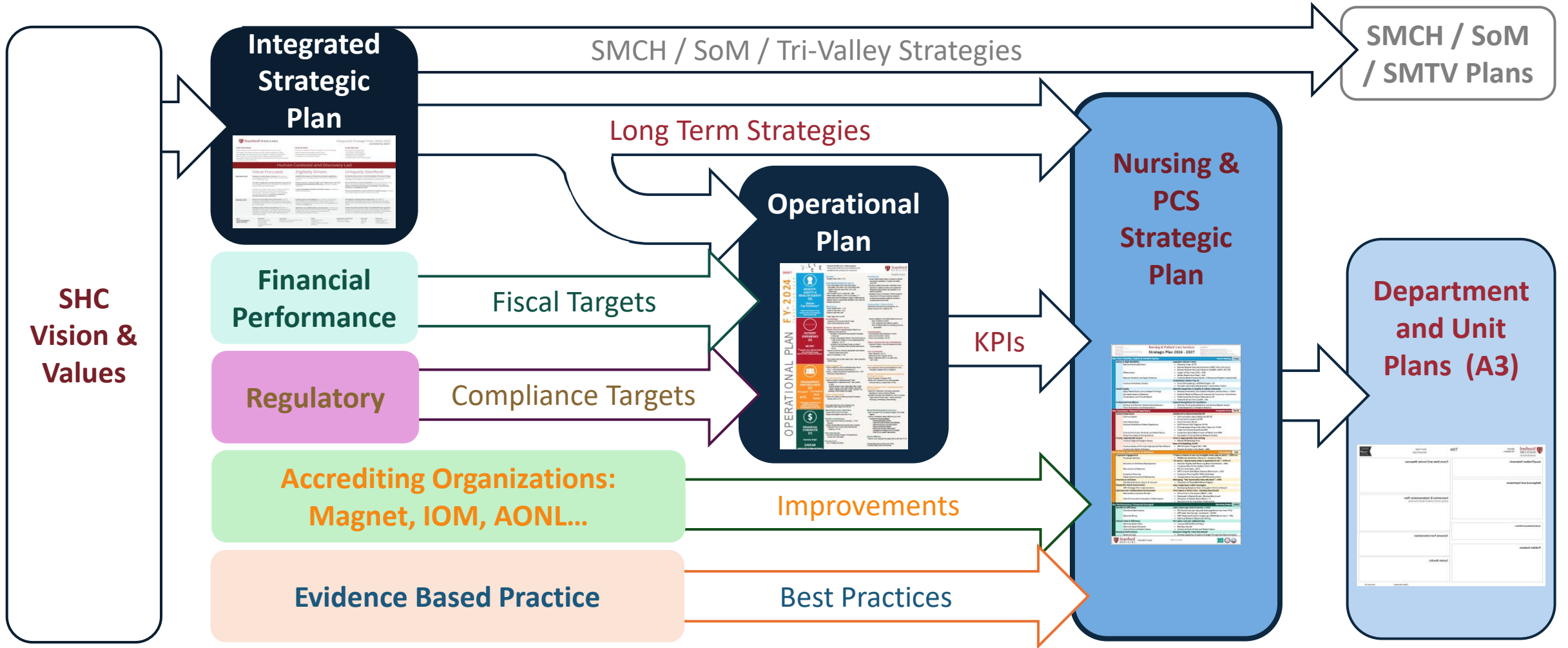
- 1) Nursing Strategic Plan Aligns with the SHC Operational Plan and the Stanford Medicine’s Integrated Strategic Plan.
- 2) SHC Quality Structure - MGT
- 3) Acuity Adaptable Model of Care
- 4) Leadership Span of Control
- 5) Patient Experience
- 6) Security and Welfare of our People
- 7) Sexual Assault & Sexual Harassment (SASH)
- 8) Leveraging Dyadic Clinical Partnerships
- 9) Leveraging ANCC Magnet – Shared Leadership
- 10) Diversity, Equity, Inclusion, & Belonging

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1) Nursing Strategic Plan Aligns with the SHC Operational Plan and the Stanford Medicine's Integrated Strategic Plan.



# Alignment Considerations in Plan Development



*"Why do we need three plans?"*

Strategic Initiatives | Patient Care Services  
Confidential

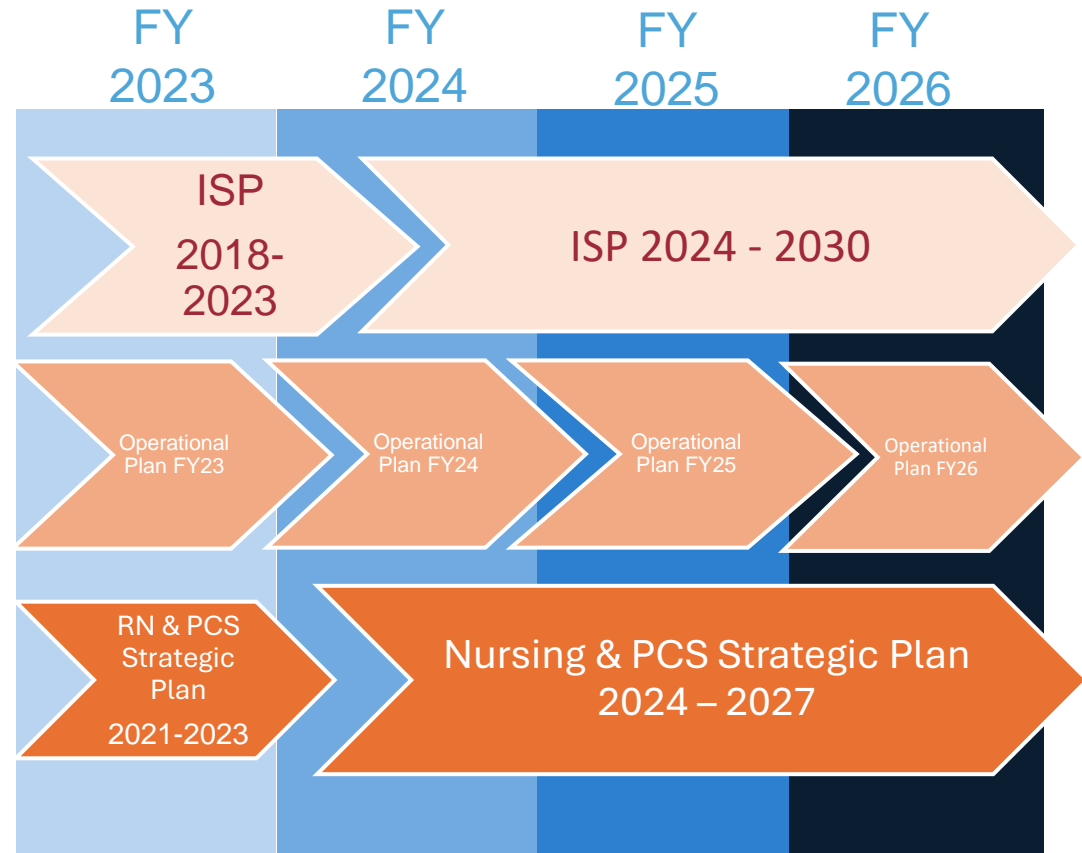
REFLECTION

# Functions of Aligned Plans



Stanford MEDICINE			Integrated Strategic Plan: 2018-2025		
OUR MISSION			OUR VISION		
<p>Through innovative discovery and the translation of new knowledge, we improve human health, safety and quality. We serve our community by providing outstanding and compassionate care. We inspire and empower the education of scientists and medicine.</p>			<p>Future Health: Predict, Prevent, Cure, Personalize. Lead humanity through science and innovation by leading the biomedical revolution in human health.</p>		
OUR VALUES			OUR VALUES		
<p>Integrity and trust Leadership and integrity Diversity and inclusion Collaboration and partnership</p>			<p>Future Health: Predict, Prevent, Cure, Personalize. Lead humanity through science and innovation by leading the biomedical revolution in human health.</p>		
Human Centered and Discovery Led					
Value Focused.		Digitally Driven.		Uniquely Stanford.	
<p><b>PRIORITIES</b></p> <p>Enhance a value based culture that drives improved quality in care and advancement of a competitive cost.</p> <p>Provide a highly personalized patient experience and improve the quality of care, and increase operational efficiency across the organization.</p> <p>Optimize our use of the full range of services, facilities and our distribution services. Invest in an innovative and advanced research and program portfolio to ensure a seamless Stanford Medicine experience.</p>		<p>Apply the impact of Stanford innovation globally in order to improve the lives of our patients and the world.</p> <p>Deliver seamless, high touch, high touch care and personalized healthcare experiences to our patients.</p> <p>Lead in population health and data science to improve health and address</p>		<p>Accelerate discovery and knowledge of human biology through investments in research, education, training, the biomedical revolution of the future.</p> <p>Discover, test, and commercialize the power of our care across our full range of services, facilities, and global health.</p> <p>Ensure governance across all of our mission areas to ensure an integrated and coordinated approach.</p>	
<p><b>ENABLERS</b></p> <p>Invest in our people and community. Foster a culture of innovation and development that empowers and develops our people and strengthens our community.</p> <p>Embed value driven operations. Utilize an evidence based approach to operational excellence, analytics in research, education, and clinical care, leading to improved patient and provider experiences.</p>		<p>Build systems of excellence. Coordinate and deploy technology and data science to improve patient care, research, and education.</p> <p>Optimize our collaborative environment. Enhance our collaboration and connectivity and ensure operational excellence across all of our mission areas.</p>		<p>Strategize organizational alignment. Strengthen our organizational structure and ensure our mission aligns to maximize impact, safety, and service excellence.</p> <p>Seek innovative partnerships and philanthropic support. Identify and secure external resources, including academic and industry partners, to strengthen and expand our research, education, and service excellence.</p>	
KEY PERFORMANCE INDICATORS					
<p><b>Research</b></p> <p>Research funding Technology Clinical research Academy</p>		<p><b>Education</b></p> <p>Graduate enrollment Graduation rates Academy</p>		<p><b>Value</b></p> <p>Cost savings Patient satisfaction Employee satisfaction</p>	
<p><b>Operational and Health</b></p> <p>Operational efficiency Patient safety Employee satisfaction</p>		<p><b>Discovery</b></p> <p>Research funding Technology Clinical research Academy</p>		<p><b>Financial</b></p> <p>Operating margin EBITDA margin Return on equity</p>	

**Strategic Plan:** Long-term visions for growth and expansion. “How we will set ourselves apart.” Connection between strategy and values.



DRAFT		Stanford MEDICINE	
<b>OPERATIONAL PLAN FY-2024</b>			
<b>QUALITY, SAFETY &amp; HEALTH EQUITY (Q)</b>			
<b>WISDOM</b>			
<b>PATIENT EXPERIENCE (P)</b>			
<b>ENGAGEMENT AND WELLNESS (E)</b>			
<b>FINANCIAL STRENGTH (F)</b>			

**Operational Plan:** Annual areas of focus and key performance targets. Critical measures of progress.

Strategic Initiatives | Patient Care Services  
Confidential



Source: Stanford Healthcare. Used with permission

# Vis Wall Template



## Operational Plan / Nursing & PCS Strategic Plan

**QUALITY, SAFETY & HEALTH EQUITY (Q)**

**Vizient Top Performer\***

**Mortality**  
Mortality Index: < 0.70

**Safety**  
Hospital Acquired Conditions (HAC)  
Responsible HAP Rate: < 0.121 (200 Patient Days)  
Unplanned Fall with Injury Rate: < 0.071 (500 Patient Days)  
Hospital Acquired Infections (HAI)  
CLABSI (SR): < 0.30  
CAUTI (SR): < 0.82  
CDI (SR): < 0.82  
Sepsis (PSI-13) Index: < 0.71

**Effectiveness and Efficiency**  
30-Day Readmission Rate: < 11%  
Length of Stay Index: < 0.51  
Adverse Care Plan Rate: < 25%

**Health Equity**  
Annual Health Equity Report. Continue to identify and address disparities in Quality and Safety outcomes. Develop a written action plan to describe the SHC's approach to address at least one health and ambulatory-based health care disparity in our patient population. Equitable Access to Research: Perform baseline measurement of inclusion practices related to underrepresented populations enrolled in hospital-based clinical trials.

**Sustainability / Climate Health**  
Greenhouse Gas Emissions Reduced by 3%  
Waste Diversion from Landfill by 5%

\*These scores: Vizient, HCAHPS, MIPS, and SHC Internal Data

**Our Care: Quality, Safety & Health Equity**

**Safety & High Reliability**  
Reduce Preventable Harm

**Effectiveness**  
Reduce Variability and Apply Evidence

**Improve Ambulatory Quality**

**Health Equity**  
Apply Health Equity Annual Report Findings  
Equitable Access to Research

**Professional Excellence**  
Achieve and Maintain National Accreditations  
Track Publications and Presentations

**Vizient Ranking: 5 Stars**

**Inpatient Violent & Stare**  
• Mortality Index < 0.70  
• Reduce Hospital Acquired Conditions (HAP), Falls with Injury)  
• Reduce Hospital Acquired Infections (CLABSI, CAUTI, CDI, SSI)  
• Length of Stay Index (D-E) < 0.91  
• 30-Day Readmission Rate < 11%  
• Evidence Based Practice Center, 4 Fellowship Projects Implemented

**Ambulatory Violent Top 10**  
• Clinic Participating in ACTION Project = 53  
• Providers Accurately Represented in Ambulatory Violent

**Identify Disparities in Quality & Safety Outcomes**  
• Develop ambulatory and inpatient Disparity Action Plans > 2 Each  
• Establish Baseline Measure of Intention for Inclusivity in Enrollment  
• Greenhouse Gas Emissions Reduced by 3%  
• Waste Diversion from Landfill > 5%

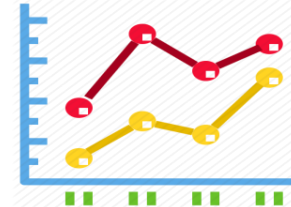
**Expand Recognition for Excellence**  
• Maintain existing accreditations and Achieve Beacon Award  
• Create Repository to Establish Baseline

## Unit/Department Goals

### Quality & Safety Goal(s)



## Outcome Metrics



## Any Additional Metrics



**PATIENT EXPERIENCE (S)**

**84.3%\***

**Overall Rating**  
Likelihood to Recommend: 86.2% Video  
Visits Overall Experience: 85.0%

**Timely, Appropriate Access**  
Improve Access to Urgent/Emergent Patients (as Defined by SAM and SHC)  
Emergency Department and Inpatient Discharge Follow-up  
Clinically Appropriate Patients That Can Be Seen in Lower Acute Settings - Avoidance ED Visits - < 25.0%  
Inpatient Readmission Rates by 30 Days  
Open for Ambulatory Care Services Admissions: 48.2%  
Improve Access to Clinically Appropriate New Patients  
Discharge Medication Benchmark  
Ease of Scheduling: 73.5%  
\*This is patient visit score who qualify under - Patient-Centered Healthcare System

**Improve utilization of MyHealthDigital Access by**  
• 90% of patients enrolled  
• 20% of appointments added to mobile  
• 20% of patients lead to a scheduling visit as appropriate

**Communication**  
Communication about Medication: 88.4% Nurse Communication: 82.9%  
Discharge Communication: 84.3%

**Culture of Inclusion, Diversity & Health Equity**  
Implement Phase 3 90-Acquire Because We Care Accreditation

**Care Coordination**  
Care Transitions: 64.1%  
Staff Worked Together: 82.4%  
Patient Understood What to Do After Video Visit: 75.5%

**Our Customer: Patient Experience**

**Complete Score: 84.3%**

**Patient Experience**  
Communication  
Care Coordination  
Improve Ambulatory Patient Experience

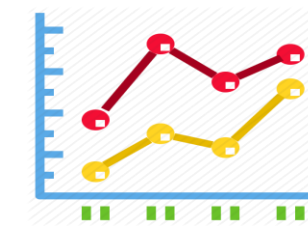
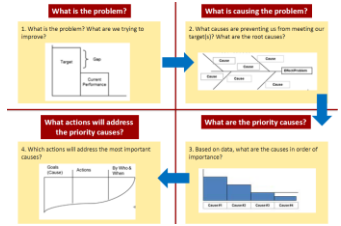
**Culture of Inclusion, Diversity and Health Equity**  
Study the Impact of Caring Science

**Timely, Appropriate Access**  
Improve Urgent/Emergent Access  
Ease of Scheduling: 73.5%  
Improve Access for Clinically Appropriate New Patients  
Improve My Health Utilization

**Likelihood to Recommend 86.2%**  
• Communication about Medication 86.4%  
• Nurse Communication 82.9%  
• Staff Transitions 64.1%  
• Staff Worked Together 82.4%  
• Patient Understood What to Do After Video Visit 75.5%  
• Video Visit Overall Experience 83%  
• Implement Social Determinants of Health and SDOH  
• Complete 2-3 Caring Science Research Studies

**Time in Appropriate Care Setting**  
• Reduce ED Boarding Time  
• APP Utilization Targets Met > 70%  
• Patients Enrolled in My Health > 90%

## Patient Experience Goal(s)



**ENGAGEMENT AND WELLNESS (E)**

**42% Gold Status**

**Employee Engagement**  
I have a chance to use my strengths every day at work: > 50% Employee Responding 5.0  
I work clearly know what is expected of me: > 57% Employee Responding 5.0

**Belonging and Inclusion**  
Access to Support Underrepresented Team\*  
Underrepresented in Leadership Roles  
Underrepresented Teams\*\* July engaged 31%

**Culture of Sustainability**  
Improve Air Quality by Reducing Single Occupancy Vehicles (SOV): 50%

**Work Environment Innovation & Optimization**  
Work Environment Innovation & Optimization

**Employee Wellness**  
I have a chance to use my strengths every day at work: > 50% 5.0  
Employee Wellness  
• NDHQ-Job Satisfaction Domains - Academic Mean

**Education & Workforce Development**  
Recruitment & Retention  
Succession Planning  
Fostering the Culture of Mentorship

**Diversity & Inclusion**  
Workforce Diversity, Equity & Inclusion  
Respectful Work Environment  
WVU Strategic Plan Implementation

**Optimize Our Collaborative Environment**  
Reduce Documentation Burden  
Work Environment Innovation & Optimization

**Operational Excellence**  
I have a chance to use my strengths every day at work: > 57% 5.0  
• Academic Eligible Staff Receiving Board Certification > 64%  
• Introduce New Clinical Leaders Within PCS  
• PCS Turnover Rate Below National Benchmark < 12%  
• APP Turnover Rate Below National Benchmark < 12%  
• Succession Planning PCS, PCAs Calibrated  
• Increase Active Training and APP Mentorship Partners

**Belonging: "My Teammates Have My Back" > 55%**  
• Evaluation of Three Bold Moves Progress

**Fully Implemented & WIPV Strategic**  
Develop Response Team to Support Victims of Assault  
Target Areas (Priority Care - Develop benchmark  
• Active Time in the System (NEAT) - 129  
• Decreased In-Basket Burden: Develop Benchmark  
• Utilization of Inclusive Recruitment > 3  
• Generative AI Nursing Notes Implemented

**Our People: Engagement & Wellness**

**42%**

**Employee Engagement**  
I have a chance to use my strengths every day at work: > 50% 5.0  
Employee Wellness  
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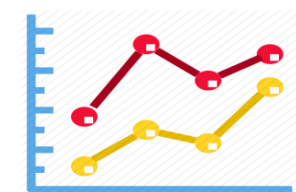
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## Engagement & Wellness Goal(s)



**FINANCIAL STRENGTH (C)**

**\$408M**

**Clinical Improvement - Patient Flow**  
Improve SHC ACU to 5.0 Days  
Improve cost/share (CSM) equated from FY23  
Reduce ED Boarding Hours FY23

**Workforce Optimization**  
Labor Hours/Unit of Service (AH Days) - FY23 Baseline  
Reduce Wasteful and Empty Daily Activities  
Implement One or More Team Empowerment Initiatives in FY24

**Non-Labor Savings**  
Non-Labor Savings Program - All Departments  
Access SHC: \$40 Million

**Revenue Cycle**  
CSA & Coding: \$10 Million

**Operational Excellence**  
Operational Excellence  
• Increase appropriate volumes  
• Implement enhanced-based clinical pathways  
• Implement revenue cycle improvements  
• Reduce unnecessary services  
• Optimize site of service improvements  
• Leverage Ambulatory Access Contracts  
• Other QOL-specific improvements

**Improve Efficiency**  
Improve Cost Adjusted/Discharge Benchmark from FY23

**Revenue Integrity: Costs Recovered**  
Develop Capability to Capture Charges Through Epic Documents

**Force Efficiency**  
Workforce Optimization

**Optimize Billing**  
Revenue Cycle

**Flow & Efficiency**  
Optimize Patient Flow  
Optimize Space Utilization  
Level of Care and Patient Status

**Revenue Cycle**  
Revenue Cycle

**Operating Budget**  
Labor Hours per Unit of Service - FY23  
PCS Overall Cost per Adjusted Discharge Benchmark from FY2  
PCS Labor Cost Savings / Avoidance > \$8.0M  
APAs Meeting Utilization Targets per MGMA Benchmarks > 70  
Optimize Research Department Billing

**PCS Labor Cost per Adjusted Day**  
Improve SHC Average Length of Stay to 6.5 Days  
Bed Days Gained  
Analysis of Level of Care and Patient Status

**Revenue Integrity: Costs Recovered**  
Develop Capability to Capture Charges Through Epic Documents

\*Targets listed are at the organizational level. Targets for individual areas will vary accordingly.\*\*

**Performance: Financial Strength**

**Operating Budget**  
Labor Hours per Unit of Service - FY23  
PCS Overall Cost per Adjusted Discharge Benchmark from FY2  
PCS Labor Cost Savings / Avoidance > \$8.0M  
APAs Meeting Utilization Targets per MGMA Benchmarks > 70  
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**Force Efficiency**  
Workforce Optimization

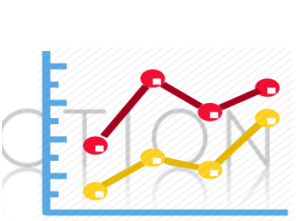
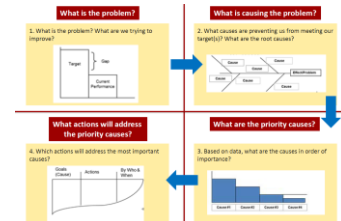
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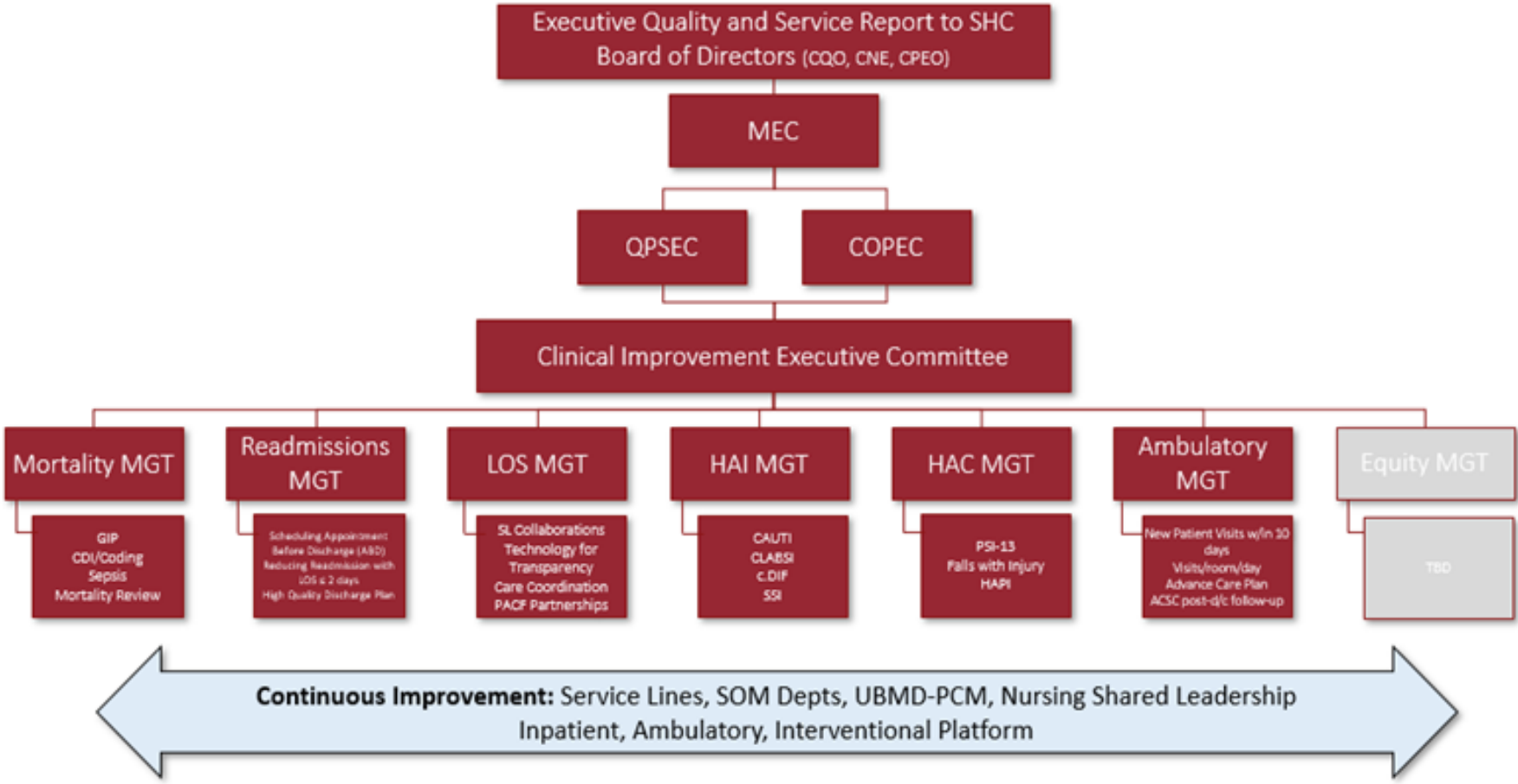
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## Financial Strength Goal(s)





# 2) SHC Quality Structure - MGT



Source: Stanford Healthcare. Used with permission



### 3) Acuity Adaptable Unit / Model of Care



Source: Vizient Inc. Used with permission

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# Talking Points

- 1 What is acuity-adaptable care and what problem(s) does it solve?
- 2 Admissions decision making in fixed-acuity vs. acuity-adaptable care environments
- 3 Patient scenarios (fixed-acuity vs. acuity-adaptable)
- 4 RN staffing for acuity-adaptable care (Title 22 vs. SHC staffing matrix)

# What is Acuity-Adaptable Care?



Acuity-adaptable care is a **care model** that integrates step-down, telemetry, and medical surgical care capabilities **within a single acute care unit**.

This model supports complex patient care situations and the ability to adapt the delivery of care in concert with changing patient care needs, thereby eliminating the need to transfer patients from unit to unit.

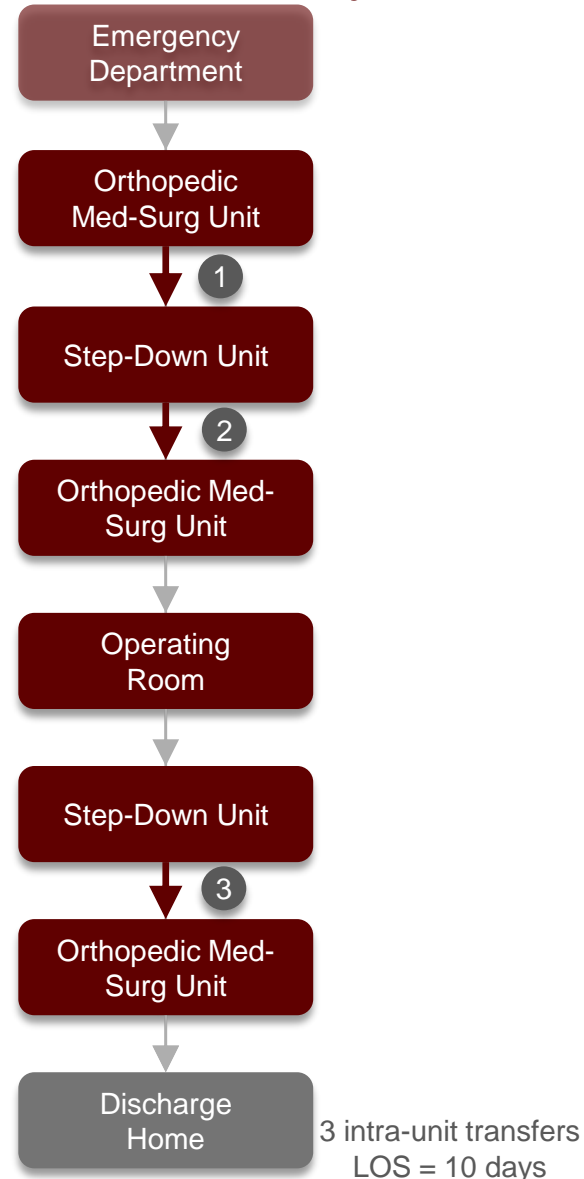
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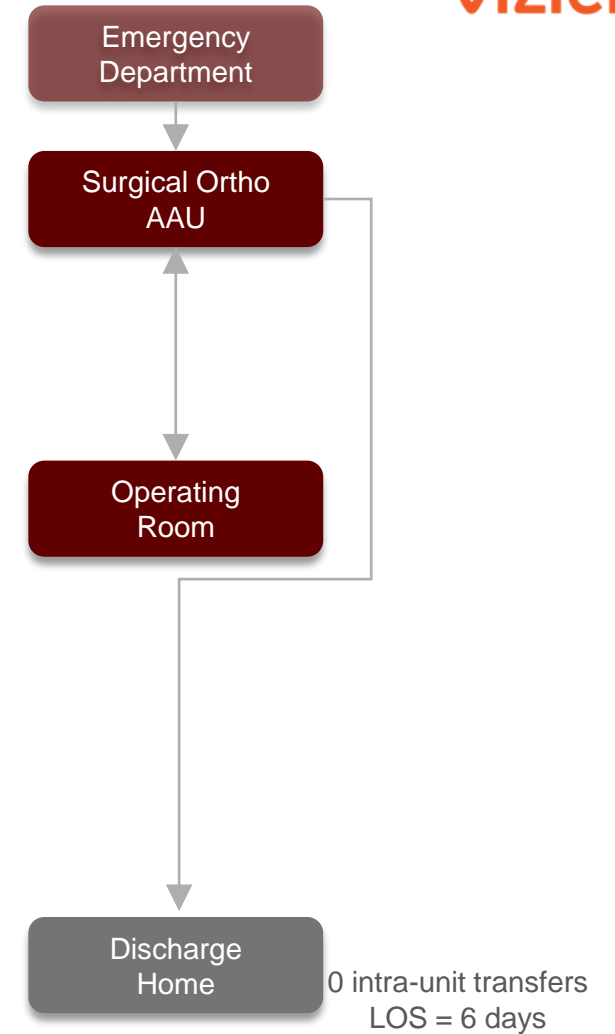
# Contrasting patient experiences



## Fixed-Acuity



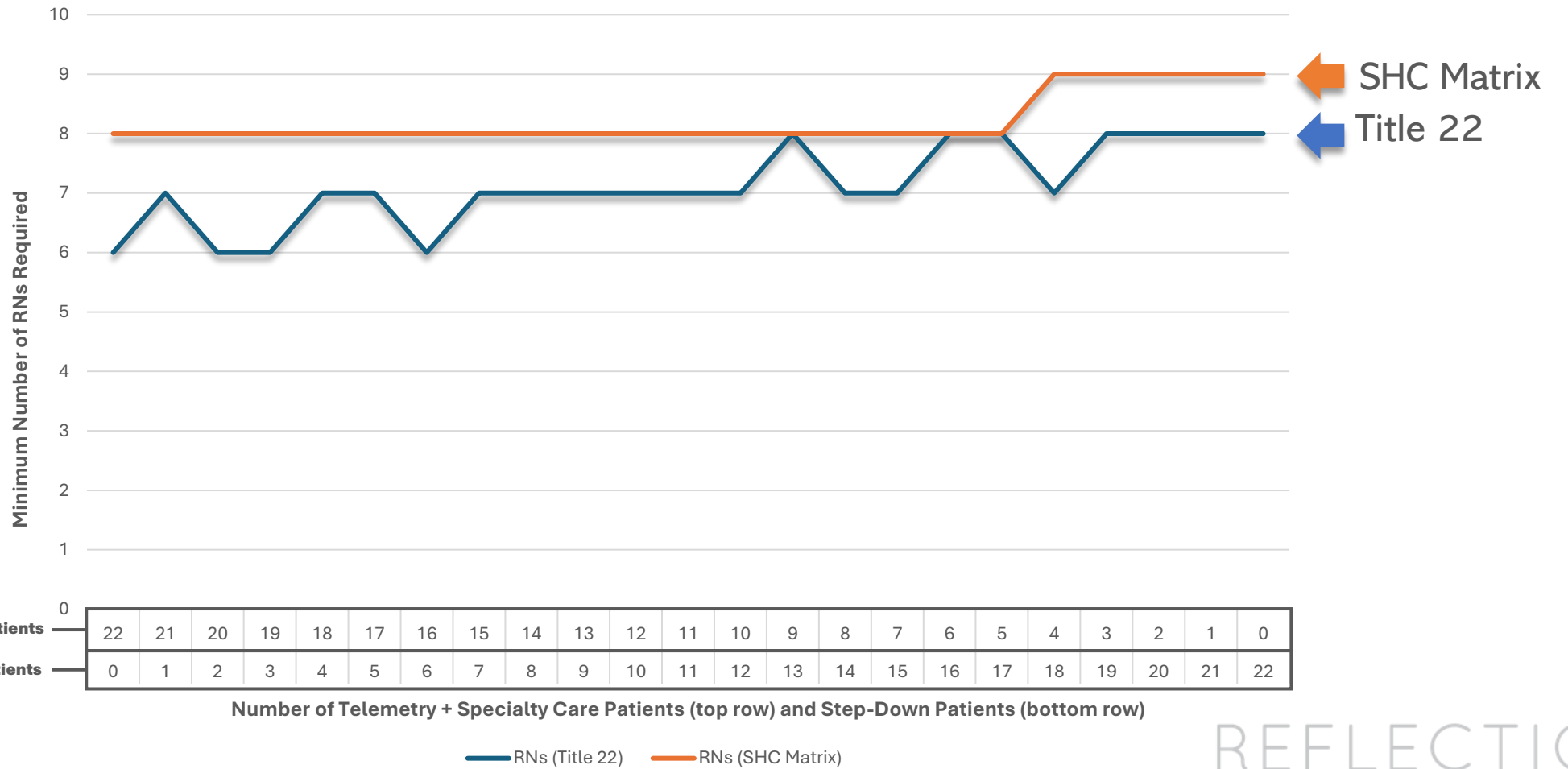
## Acuity-Adaptable **vizient.**



REFLECTION

# RN Staffing Models for Acuity-Adaptable Care

SHC's acuity-adaptable staffing matrix always results in an equivalent or higher level of RN staffing than the Title 22 mandate



# Key Takeaways

- 1 Providers can admit according to the patient's *primary* clinical need but still manage patient's pre-existing conditions on the same unit, thereby reducing transfers.
- 2 Fewer patient transfers enhances patient safety by reducing wait-related care delays.
- 3 Acuity-adaptable care is a *patient-centric* care model.
- 4 Fewer transfers improves continuity of care and enhances care team cohesiveness.
- 5 Acuity-adaptable staffing provides equivalent or higher staffing compared to Title 22, enhancing nurse satisfaction with the work environment.

# 4) Leadership Span of Control

- Leveraged a 2017 study / white paper by the Hospital Association of Southern California on Span of Control.

**“Build the Model** — Hospitals should develop an SOC optimization model that considers a variety of factors. The model should consider the relationship between manager and staff, address the complexity of care in each unit, and assess the capability of the manager and the staff.

At Stanford Health Care – 1 Patient Care Manager and 2 Assistant Patient Care Managers per 24-25 bed unit as a standard. (Implemented in 2018).

- Improvement in RN Vacancy and RN Turnover
- Improved Leadership Vacancy and Turnover. (Currently no open positions)
- Improved ranking in Vizient Quality Rankings since 2017.
- Improved Patient Experience Scores (Top Decile performance).

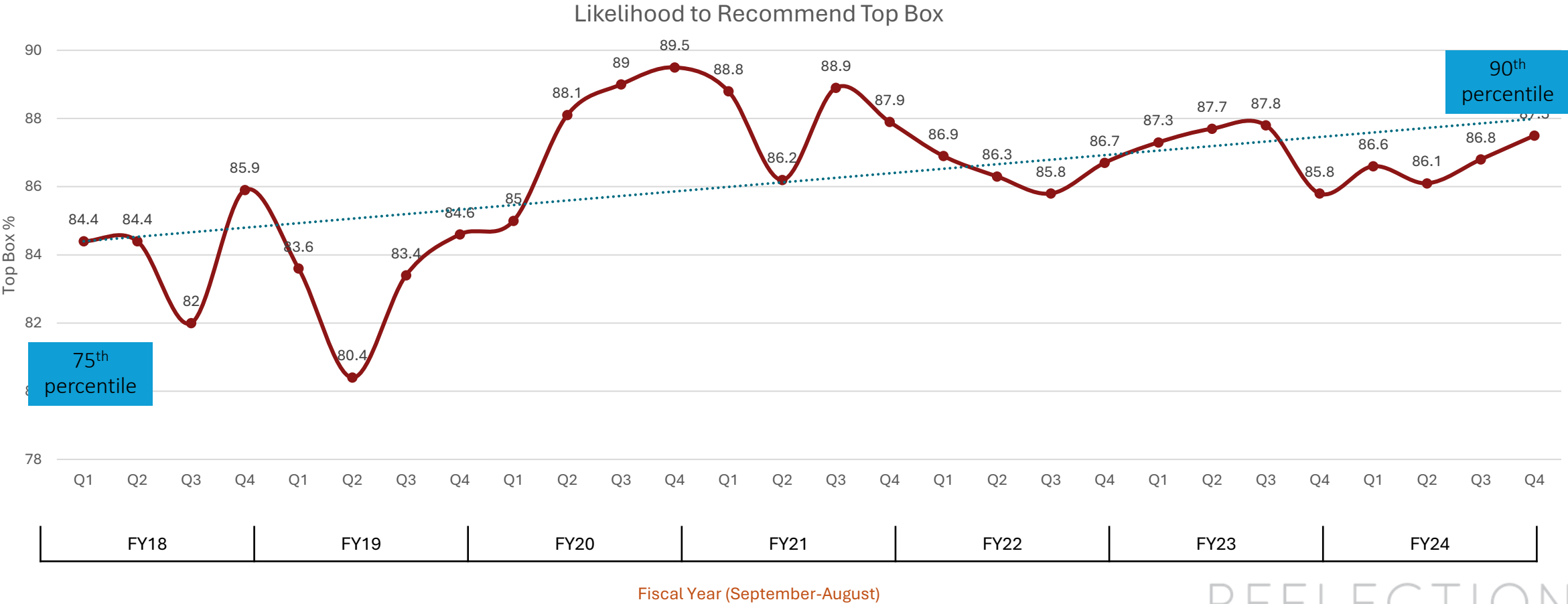
## 5) Patient Experience



# Likelihood to Recommend Stanford Health Care



What do our patients and their loved ones think?



Internal Data Source: Stanford Healthcare. Used with permission



# Nurse Communication: White Board Optimization



The patient must feel comfortable, which requires a therapeutic and confidential environment.

A Lack of Effective Communication leads to:

- Poor health outcomes or adverse events,
- Dissatisfied patients and families, and
- Decreased patient satisfaction



You are in Room #	Today's Date	Mon	Tue	Wed	Thu	Fri	Sat	Sun
You and Your Care Team								
Preferred Name:		Nurse:						
Nurse Assistant:		Doctor:						
Resource Nurse:		Float Nurse:						
Today's Plan of Care								
What are your goals for today?								
Any preferences that are important during your stay?								
New medication(s) and side effects I need to learn about today?								
Questions I have about managing my care needs after discharge?								
Additional Needs								
Diet	Mobility/Equipment	Pain Control		Discharge Milestones				

## Problem Statement:

The challenges the inpatient units are facing involves **suboptimal scores in the patient satisfaction surveys** for the Nurse Communication domain, indicating a **notable communication gap between nurses and patients**.

Improving this aspect is essential to better patient experiences, improve health outcomes, and upholding Stanford Health Care's reputation and care quality.

## Gap:

Sustainment of target goal of 83.0%

## Challenges & Opportunities:

1. Need for consistent and clear communication among and acknowledgement of patient priorities and goals by all members of care team
2. Need for RN standard work every shift to document and address patient priorities and goals
3. Need for follow up in addressing patient priorities and goals to be incorporated into nurse leader daily rounds

## Interventions:

1. Redesign patient room white board to overall improve patient-centered care communication.
2. Nurse Leader rounding to incorporate discussions about essential aspects of care, including the updated whiteboard.
3. By utilizing these two tools, nurses can foster interpersonal connections, patient education, engagement initiatives, address discharge planning needs, and implement thorough nurse follow up.

# Care Transitions: Welcome Brochure Optimization

**SITUATION**

Poor patient care transitions can lead to the following:

- Drug related errors
- Hospital readmissions
- Negative clinical outcomes
- Patient adverse events
- Patient dissatisfaction

## SHC Inpatient Care Transitions Scores

**FY22 Target: 62.3%**  
**FY22 Score: 63.6%**



**FY23 Target: 64.1%**  
**FY23 Score: 64.2%**

**Gap:**

In FY22, Inpatient PCS had a Care Transitions of 63.6% which would not meet FY23 Target of 64.1%.

**Challenges & Opportunities:**

- Patient participation in care
- Patient preferences addressed
- Prepare for transition to home

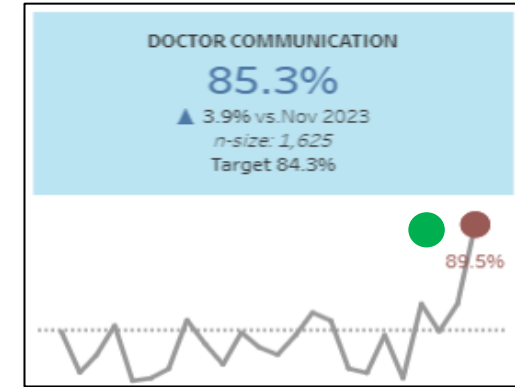
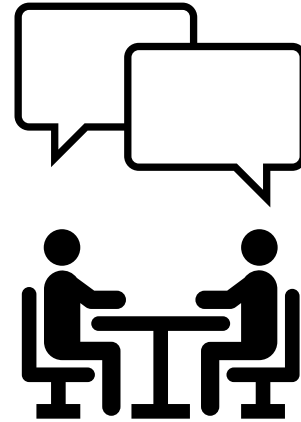


**Proposed Solutions:**

- Pilot the Welcome Brochure Optimization program (completed in Spring 2023)
- Based on success of Pilot; Spread program across all Inpatient PCS:
  - Phase I: Medicine and CVH September 2023
  - Phase II: Oncology and Observation November 2023
  - Phase III: Surgical and Transplant January 2024
  - Phase IV: ICU and Float Pool March 2024



# Doctor Communication: *Advancing Communication Excellence at Stanford (ACES)*



## Background:

Effective physician-patient interactions result in improved patient satisfaction scores, physician empathy, self-efficacy, and reduced physician burnout.

Stanford Health Care lacked a relationship-centered healthcare culture where all communication is effective, empathetic, and equitable

Images Source (L to R): Stanford Healthcare. Used with permission

## Gap:

Absence of an evidence-based model for physician-specific communication training.

## Challenges & Opportunities:

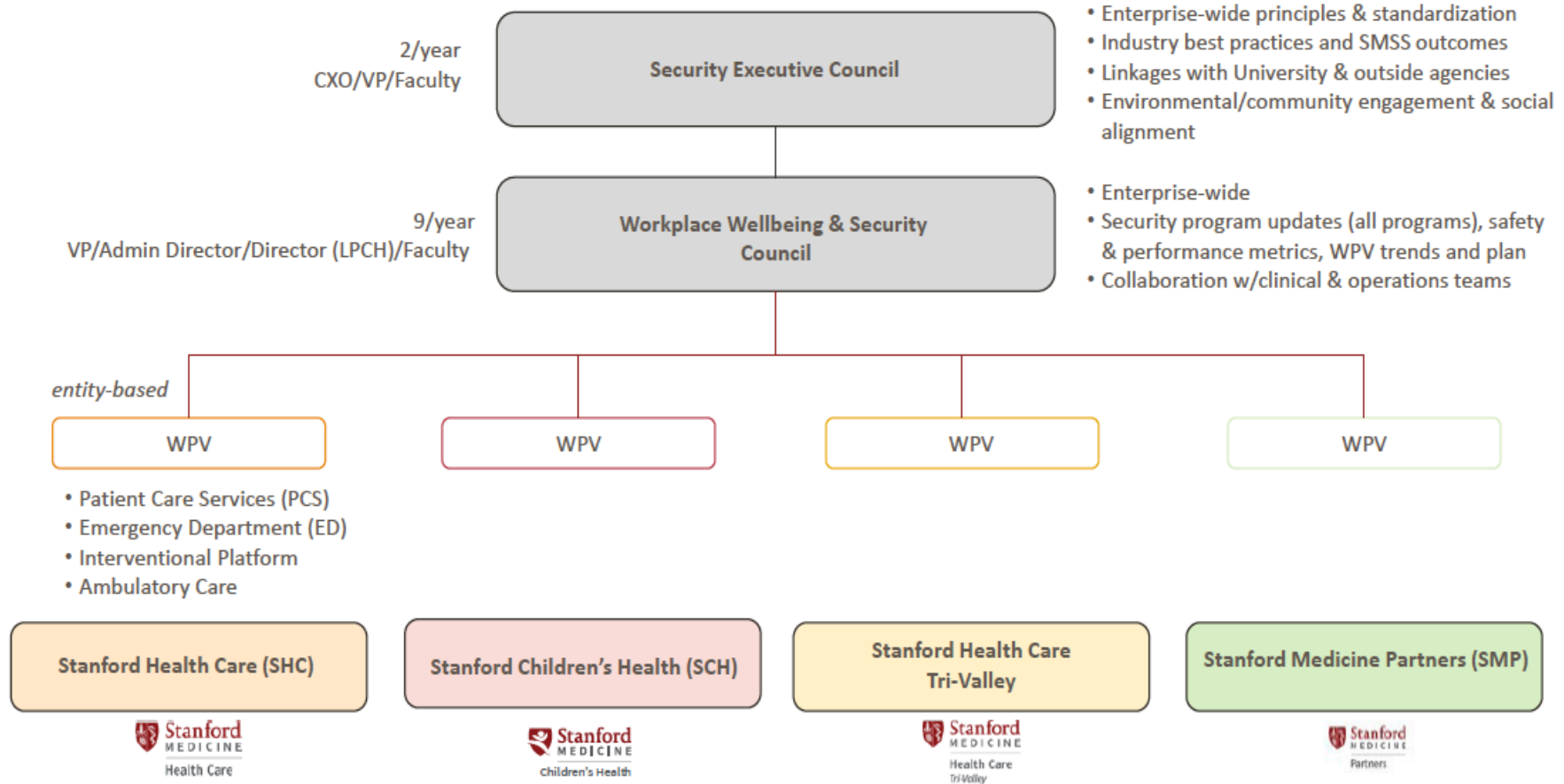
1. Consistent model for relationship-centered communication (RCC) for Stanford providers, beyond C-I-CARE training
2. Foundational training for RCC for all Stanford providers.
3. Opportunities for continued learning and skill-building following foundational training.

## Interventions:

1. Implemented ACES course in collaboration with the Academy of Communication in Healthcare; trained more than 3,200 providers, resulting in improved provider wellness and patient experience scores.
2. Implemented RCC coaching program; more than 500 providers coached to date.
3. Created and implemented a Train the Trainer program for ACES facilitators; 29 Stanford providers trained.

REFLECTION

# 6) Security and Welfare of our People





# Notice of Behavioral Standards (NBS)



## Reviewed Annually

- Patient Access Services (registration) staff present the NBS to every patient upon joining Stanford and annually thereafter.
- Documentation is added to the patient's chart indicating they reviewed the document.
- No signature required (consent is not optional, but mandatory)

## Widely Available

- The NBS is available in multiple languages
- Physical and electronic copies are provided to each patient
- The NBS is accessible on MyHealth and online

## Referenced

- The NBS takes burden off staff/leadership to make personal decisions about what behavior they choose to tolerate.
- The NBS presents a clear picture of what is and is not acceptable behavior at Stanford Medicine.



### Notice of Behavioral Standards at Stanford Medicine

#### A place of mutual respect

As your health care partner, we hold ourselves to the highest standards. We pledge to treat you with respect, honesty, dignity, and compassion.

We ask you, our patients and your family or visitors, for your support to keep this a place of mutual respect. We ask you to treat others with respect, honesty, dignity, and compassion.

#### Mistreatment & Discrimination

Stanford Health Care is a place of healing. Mistreatment and discrimination towards staff or providers are not allowed. It is not allowed in person, on MyHealth, on the phone, in written form, or in any other setting. This includes any patient or visitor behavior that:

- Interferes with a safe environment
- Limits staff or providers from giving patient care
- Is abusive to anyone with the patient or anyone on the care team
- Is discriminatory or racist towards staff or providers

#### Examples of Mistreatment & Discrimination

- Racism towards staff or providers (for example: microaggressions or bigotry)
- Discrimination against someone based on their gender identity and expression, sexual orientation, race, religion, age, disability, or other traits
- Verbal abuse (for example: Name calling, cursing, belittling, or ranting)
- Emotional abuse (for example: Acts that make staff feel unsafe or uncomfortable, or stalking)
- Sexual abuse (for example: Unwanted touching or sexual language)
- Threatening acts (for example: Slamming doors, blocking, yelling, or bullying)
- Physical abuse (for example: Hitting, kicking, or spitting)

#### Our response to Mistreatment & Discrimination

When mistreatment or discrimination occurs, a team will decide how to respond. Any mistreatment or discrimination could result in consequences up to and including:

- Reporting behavior to other staff members (for example: Managers or security officers)
- Removal from the building
- Restriction of visitors who mistreat staff and providers (for example: A visitor mistreating staff will not be allowed to visit the patient)
- Asking patients to leave instead of receiving care, treatment, or services temporarily (for example: Patients mistreating providers will not be allowed to go to their appointment)
- Prohibiting a patient from receiving care in outpatient clinics at Stanford Health Care, except for emergency services
- Calling the police

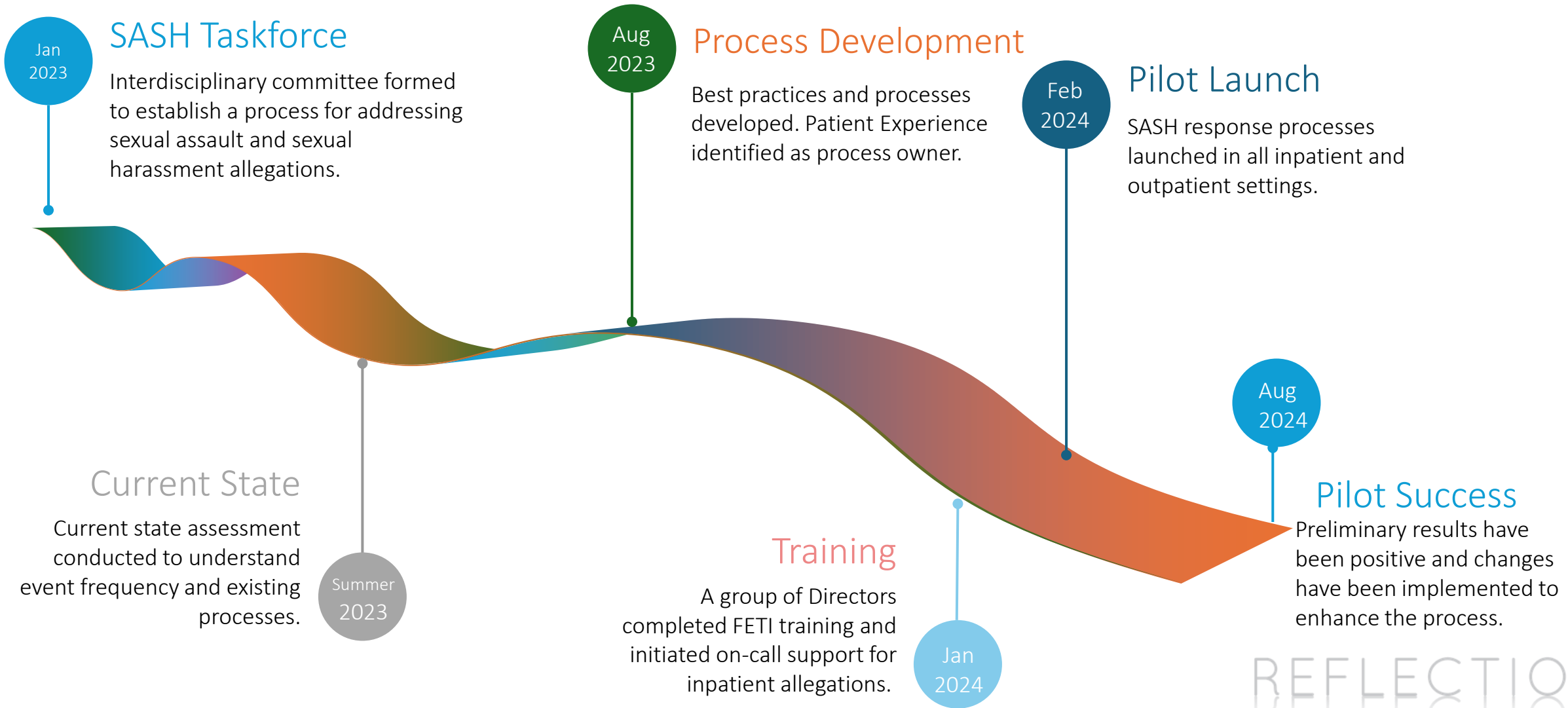
#### Our ask

As a patient of Stanford Health Care, we expect you and your family or visitors to:

- Report any mistreatment and discrimination you see or experience to a staff member or provider
- Help create a place of mutual respect
- Not mistreat or discriminate against any staff, providers, or others

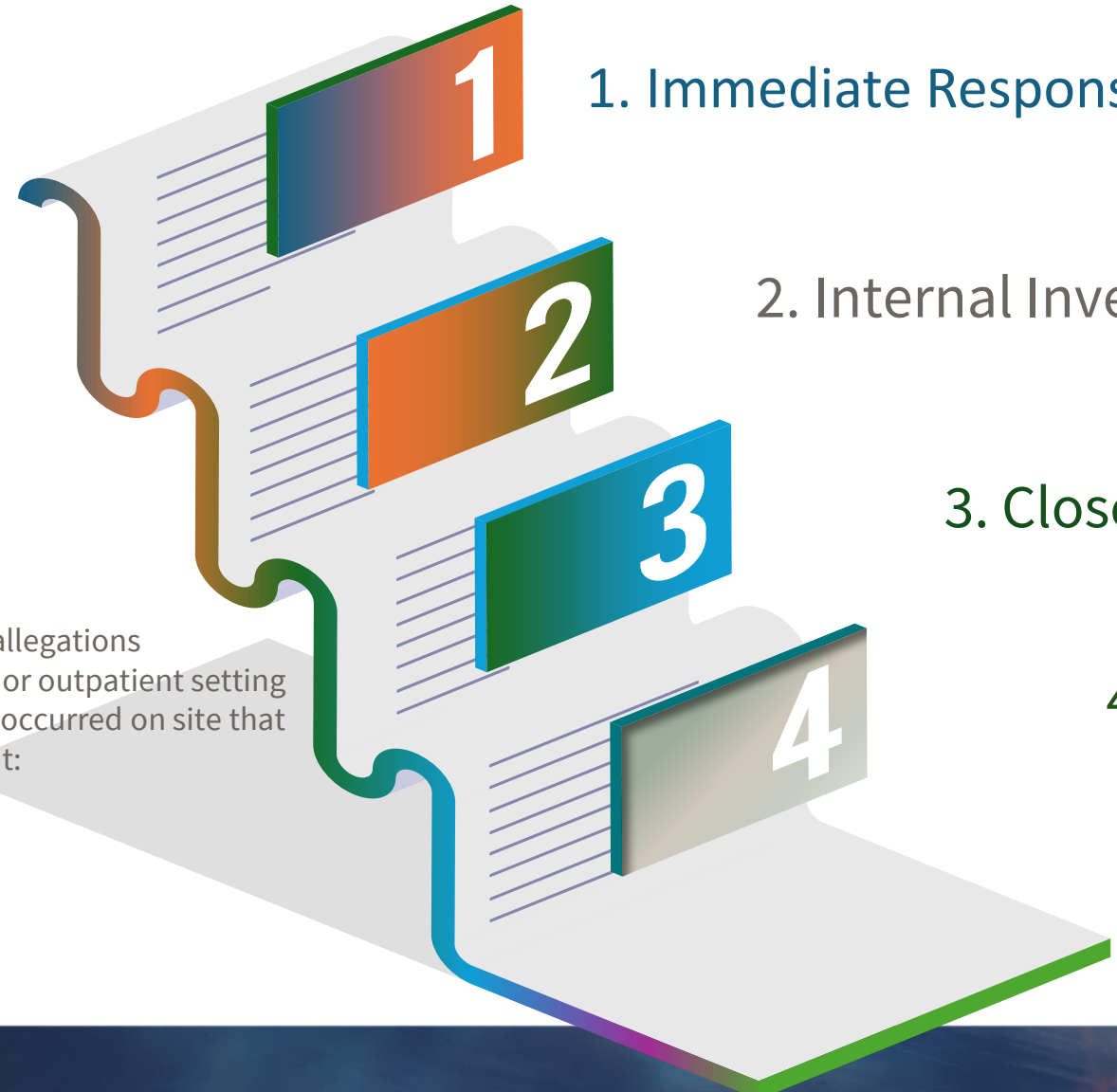
## 7) Sexual Assault & Sexual Harassment (SASH)

# The Path to Now



REFLECTION

# Four Key Phases to the Process



1. Immediate Response

2. Internal Investigation

3. Close Out of Internal Investigation

4. Post-External Investigation



Huddles throughout the process ensure teams are communicating effectively.

We respond to allegations in the inpatient or outpatient setting of assaults that occurred on site that involve a patient:

- Staff: Patient
- Patient: Staff
- Patient: Patient

REFLECTION



# On-Call Directors

- **On-call directors available are 24/7 to support teams with sexual assault allegations. The ANS team has access to the schedule and will contact the scheduled director.**



**Johnathan Clevinger**



**Kristina Davis**



**Maureen Fay**



**Sarah Foad**



**Lisa Ledonne**



**Dennis Manzanades**



**Gisso Oreo**



**Salem Paschal**

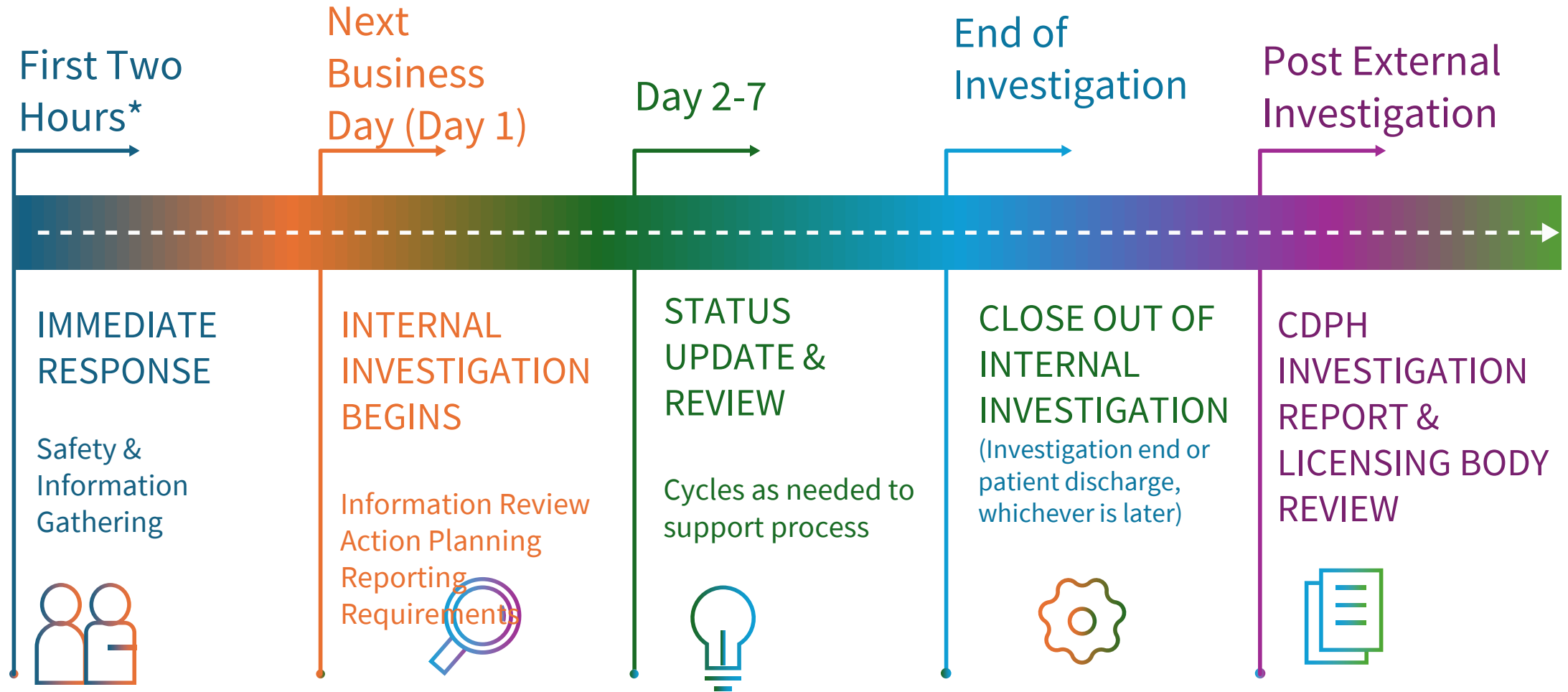


**Tyler Perkins**



**Daniel Ramberger**

# From Reporting to Investigation Completion



\*For the ambulatory response, this may take longer based on whether the Patient Experience team is able to contact the patient.

REFLECTION

# Assault Investigation Team Checklists

## Internal Investigation

**When:** To be initiated on first business day following awareness. To be completed within 15 days of awareness.

**Purpose:** Conduct thorough and impartial investigation of events. All documents saved in Box folder managed by Patient Relations. All other documentation saved in Qualtrics.

- Patient to SHC Employee and SHC Employee to Patient
  - Inpatient/Outpatient
- Patient to SoM Faculty Provider and SoM Faculty Provider to Patient
  - Inpatient/Outpatient

Who	Actions	Documentation	Resources
ELR	<ol style="list-style-type: none"> <li>1. Notify legal counsel to initiate attorney/client privilege. Copy OGC on all communications.</li> </ol>		
Regulatory Affairs	<ol style="list-style-type: none"> <li>1. Report to CDPH within 24 hours if appropriate.</li> <li>2. Once report is complete, share with Assault Response Team and attach to SAFE report.</li> </ol>		CDPH report letter template
Patient Relations	<ol style="list-style-type: none"> <li>1. Convene a huddle with Assault Response Team.</li> <li>2. Discuss necessity of 805.8 reporting.</li> <li>3. Connect with the patient to introduce self and explore expectations for resolution, if appropriate.</li> <li>4. Send an acknowledgement letter to patient, if appropriate.</li> <li>5. Update SAFE report with notes from huddle.</li> <li>6. Save notes in Box.</li> </ol>		Event Template Standard work for facilitating the meeting
Nursing Quality	<ol style="list-style-type: none"> <li>1. Review patient care plan documentation</li> <li>2. Perform chart tracer and document collection for CDPH review.</li> </ol>		Internal Summary Report
ELR	<ol style="list-style-type: none"> <li>1. Conduct an interview with the employee and unit leader with representation if necessary.</li> <li>2. Interview witnesses if applicable.</li> <li>3. Revisit whether employee should be reassigned or place on TRD, if not already determined.</li> </ol>		TRD Template SEIU requires 24 hours' notice, CRONA requires 3 days' notice re: interview.
Risk Management	<ol style="list-style-type: none"> <li>1. Support and assist with guidance to key stakeholders.</li> <li>2. Determine if notification to media affairs is required.</li> </ol>		Notification to Media Affairs process.
Security	<ol style="list-style-type: none"> <li>1. Conduct a threat assessment if a direct threat is made against an individual or the enterprise.</li> </ol>		BTAM Report

Images Source: Sanford Healthcare. Used with permission



## 8) Leveraging Dyadic Clinical Partnerships



Neera Ahuja, MD  
ACMO Inpatient

- Stanford has Dyadic partnership vertically and horizontally across the enterprise.
- Every Patient Care Unit has a Patient Care Manager (PCM) and a Unit Based Medical Director (UBMD).
- The PCMs and UBMDs meet monthly as a group.
- Many quality improvement initiatives are supported by this structure.



# 9) Leveraging ANCC Magnet – Shared Leadership

vizient.



Creating an Environment for Professional Nursing to Thrive

REFLECTION

## 10) Diversity, Equity, Inclusion, & Belonging



# Stanford Health Care Commitment to Diversity, Equity, Inclusion, and Belonging

## Special Membership Opportunities

As part of our commitment to creating a community of belonging, and in support of our nurse advocates, SHC Patient Care Services partnered with HR to develop a targeted program aimed at advancing membership in national professional nursing associations.

**\*\*Initial membership fee will be sponsored by the Office of the CNE through Nursing Excellence Department\*\***

**SMBNA**  
Stanford Medicine Black Nurses Association



Scan to join!



**NBNA**  
NATIONAL BLACK NURSES ASSOCIATION, INC.

SMBNA Membership Sponsorship

**NAHN**  
National Association of Hispanic Nurses

*Join the Familia*



Scan to join!



**NAHN**  
National Association of Hispanic Nurses

NAHN Membership Sponsorship

**PNANC - SHC**  
Philippine Nurses Association-Northern California  
Stanford Health Care



Scan to join!



**PHILIPPINE NURSES ASSOCIATION OF NORTHERN CALIFORNIA, INC.**  
1961

PNANC Registration

**New!**

**BAINA**  
Bay Area Indian Nurses Association

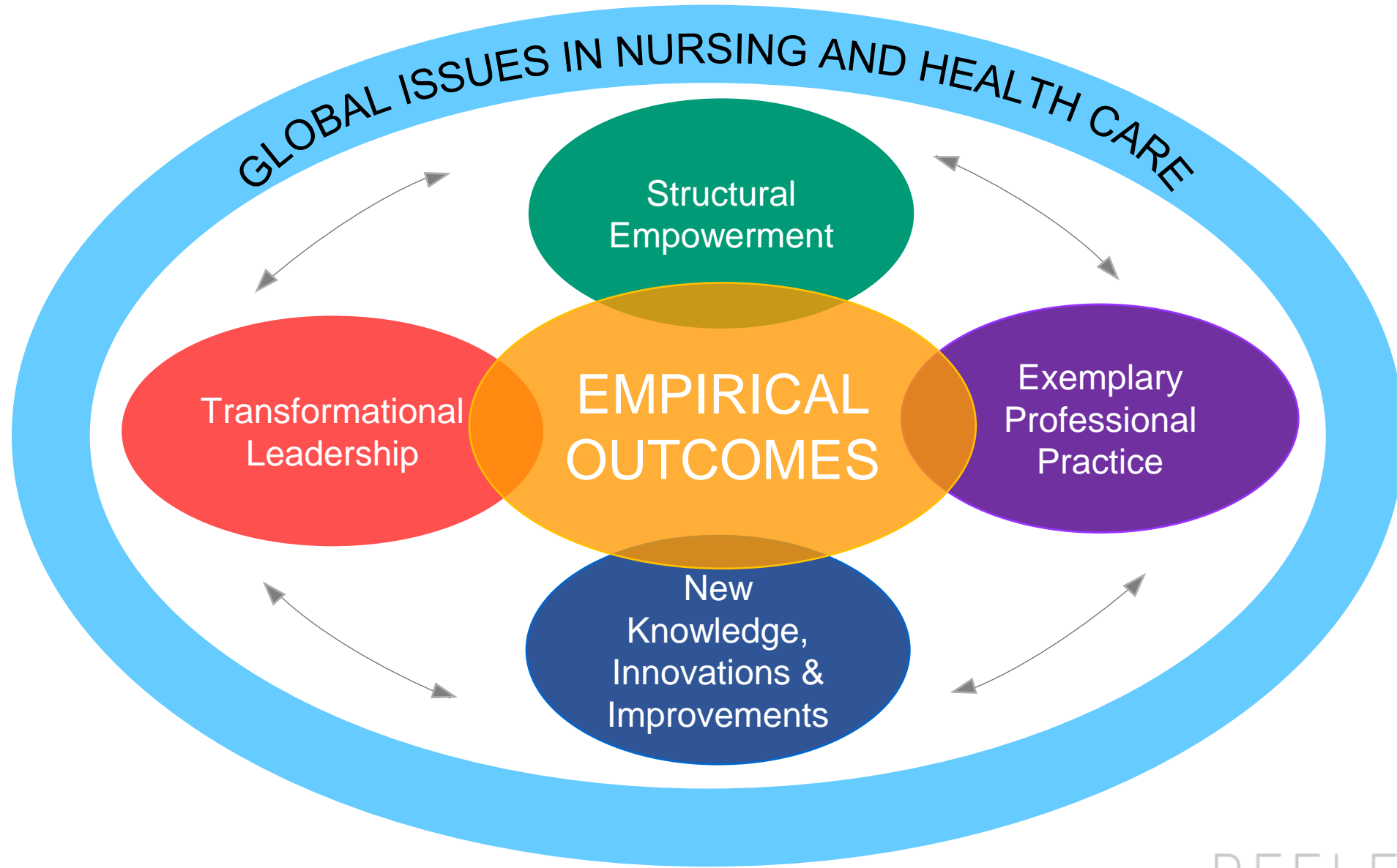


Scan to join!



**BAINA**  
BAY AREA INDIAN NURSES ASSOCIATION

BAINA Registration





# We Are Magnet!

vizient.



1<sup>st</sup> Designation  
2007



2<sup>nd</sup> Re-designation  
2012



3<sup>rd</sup> Re-designation  
2016



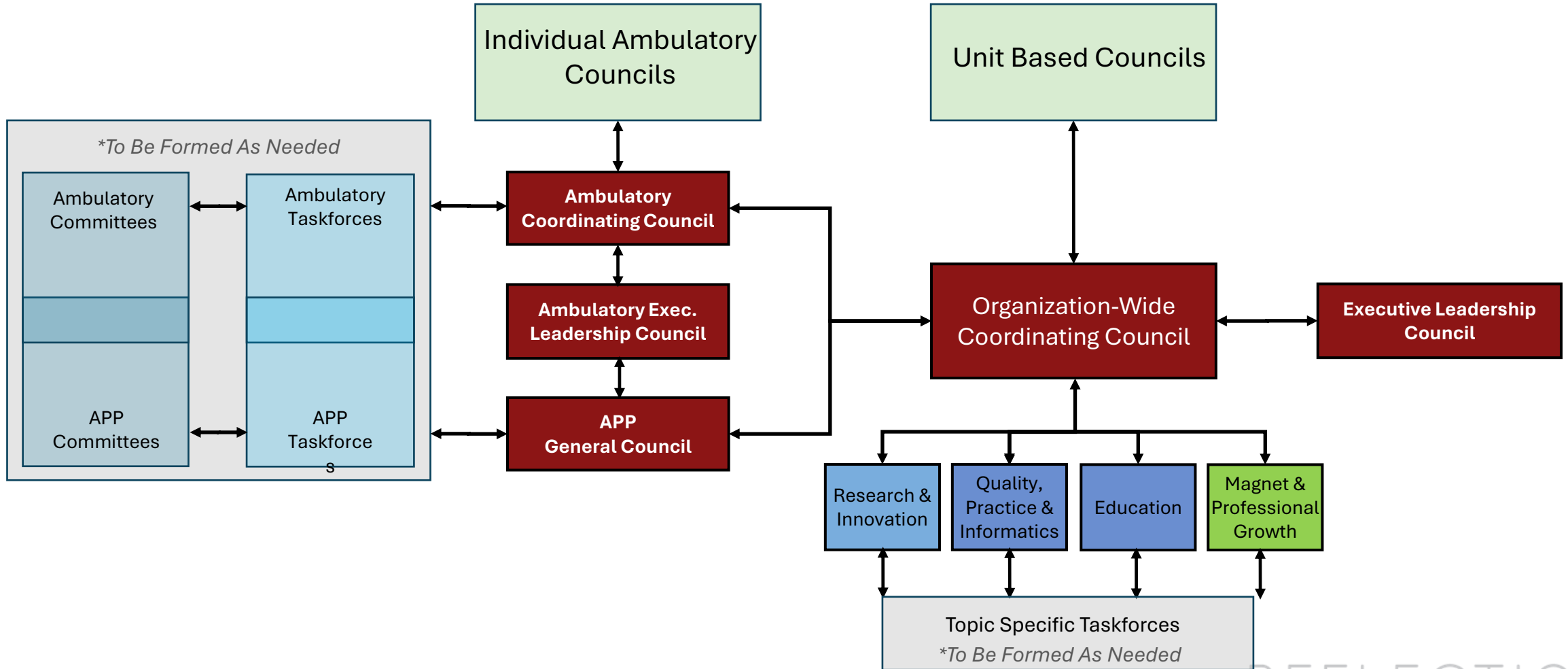
4<sup>th</sup> Re-designation  
2021



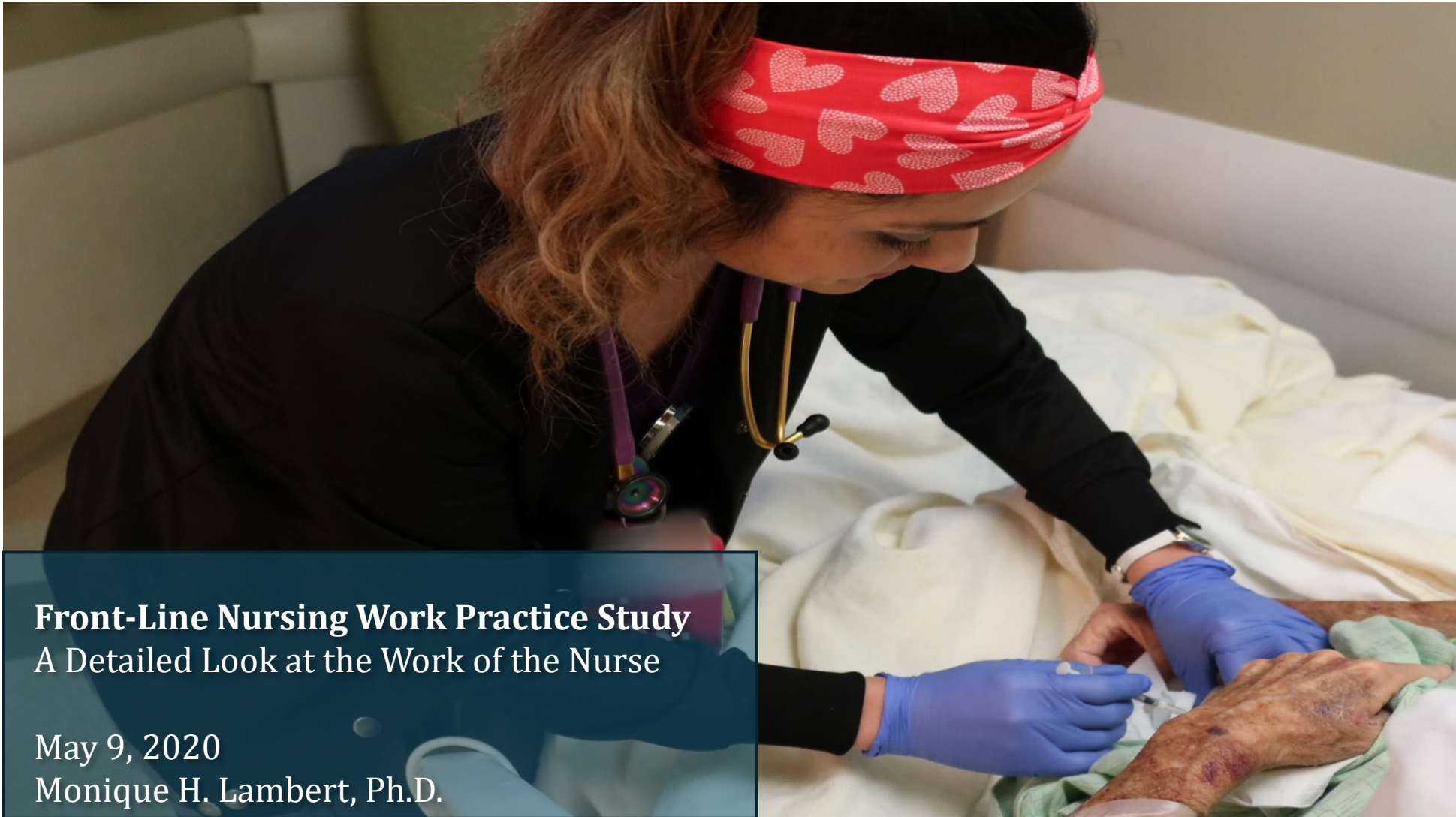
5<sup>th</sup> Re-designation  
2025



# SHC Organization-Wide Shared Leadership



# Donabedian: Process



**Front-Line Nursing Work Practice Study**  
A Detailed Look at the Work of the Nurse

May 9, 2020  
Monique H. Lambert, Ph.D.

REFLECTION

“Goal: services should be patient centered and should be pushed to the point of service.” Caregiver workflow redesign

**Redesigned over 150 workflows prior to moving into our new building.**

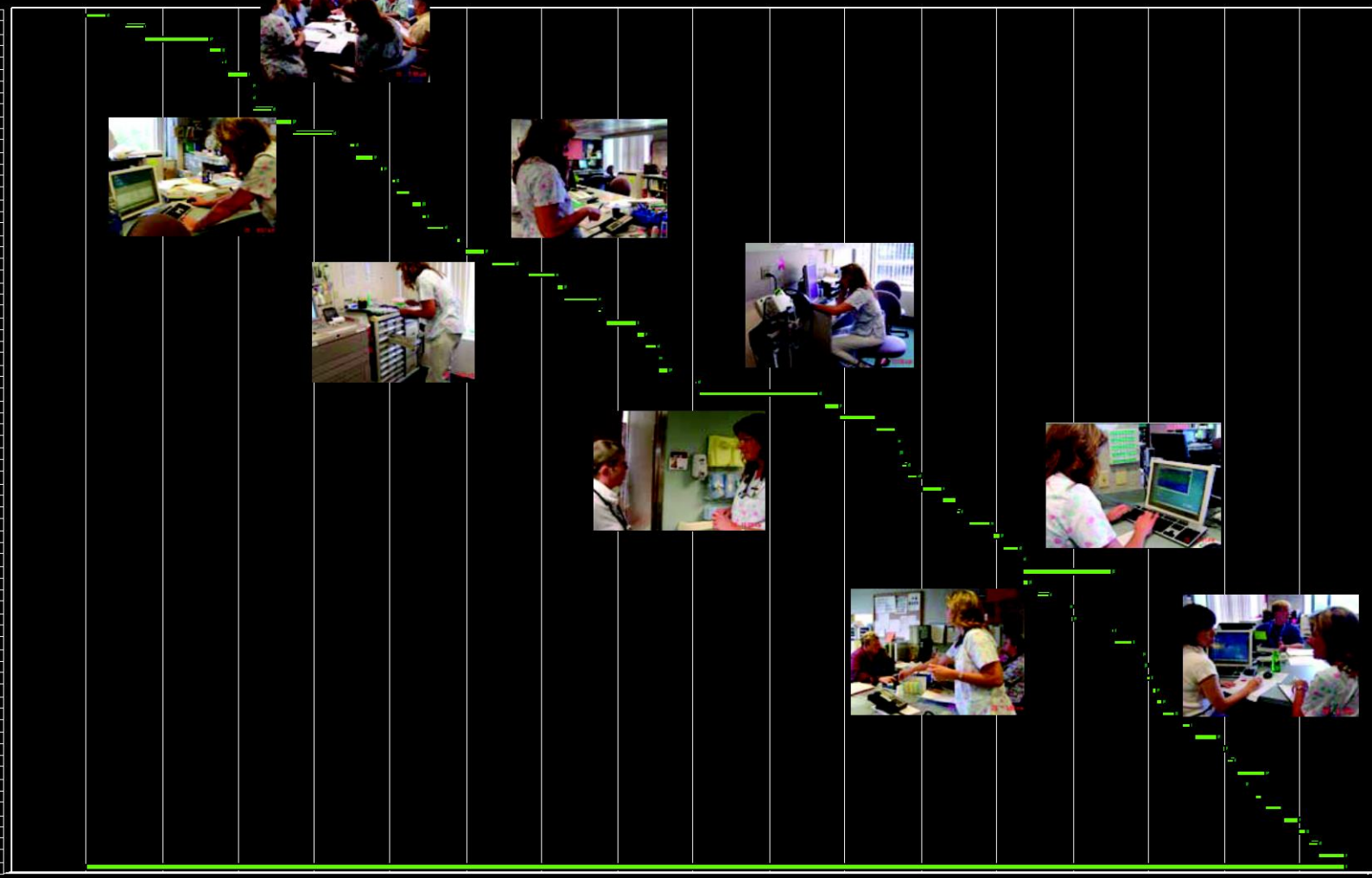
- Materials & supplies
- Medication delivery and administration
- Linens
- Clinical documentation
- Policies and Procedures
- Care Protocols
- Evidenced Based Order Sets
- Work Redesign
- RN Stacking – Cognitive Ordering
- Information

# A day in the life ...



Activity

- Shift change
- Assess patient
- Patient crashing
- Assess patient
- Consult with doctor
- Assess patient
- Check Hc for vitals
- Start med pass (wait for breakfast)
- Chart
- IV work for crashing patient
- Med pass
- IV work for crashing patient
- Chart
- Coordinate vitals
- Chart
- Receive report
- Consult with social worker
- Coordinate discharge
- Order food tray, coordinate UA
- Remove infusion pump, coordinate
- Reconcile order to D/C catheter
- Remove catheter
- Patient comfort
- Coord order for nausea meds
- Check catheter
- Chart
- Chart catheter
- Check box, new labs
- Meds
- Give report
- Lunch
- Talk to patient family
- Meds, home health education
- IV flush
- Receive report
- IV flush
- Check box, new labs
- Discharge paperwork
- Pain meds
- Chart
- Re-assess patient
- Discharge education
- Dressing change
- Consult with sitter, crashing patient
- Msg to IV nurse
- Chart
- Look for sensor oximeter
- Talk to social worker
- Check I/Os
- Look at chart, new order
- Pick up med at dummy
- IV prep
- Chart Is and Os
- Review orders
- Retrieve wipes for patient
- Retrieve commode
- Pass meds
- Order food tray
- ADLs
- Break
- Coordinate chart
- Pass meds
- Chart
- Receive report
- Prepare shift report
- Page doctor
- Call patient family
- Chart
- Review progress notes
- Give report
- Episode



6:30 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 13:00 13:30 14:00 14:30 15:00 15:30

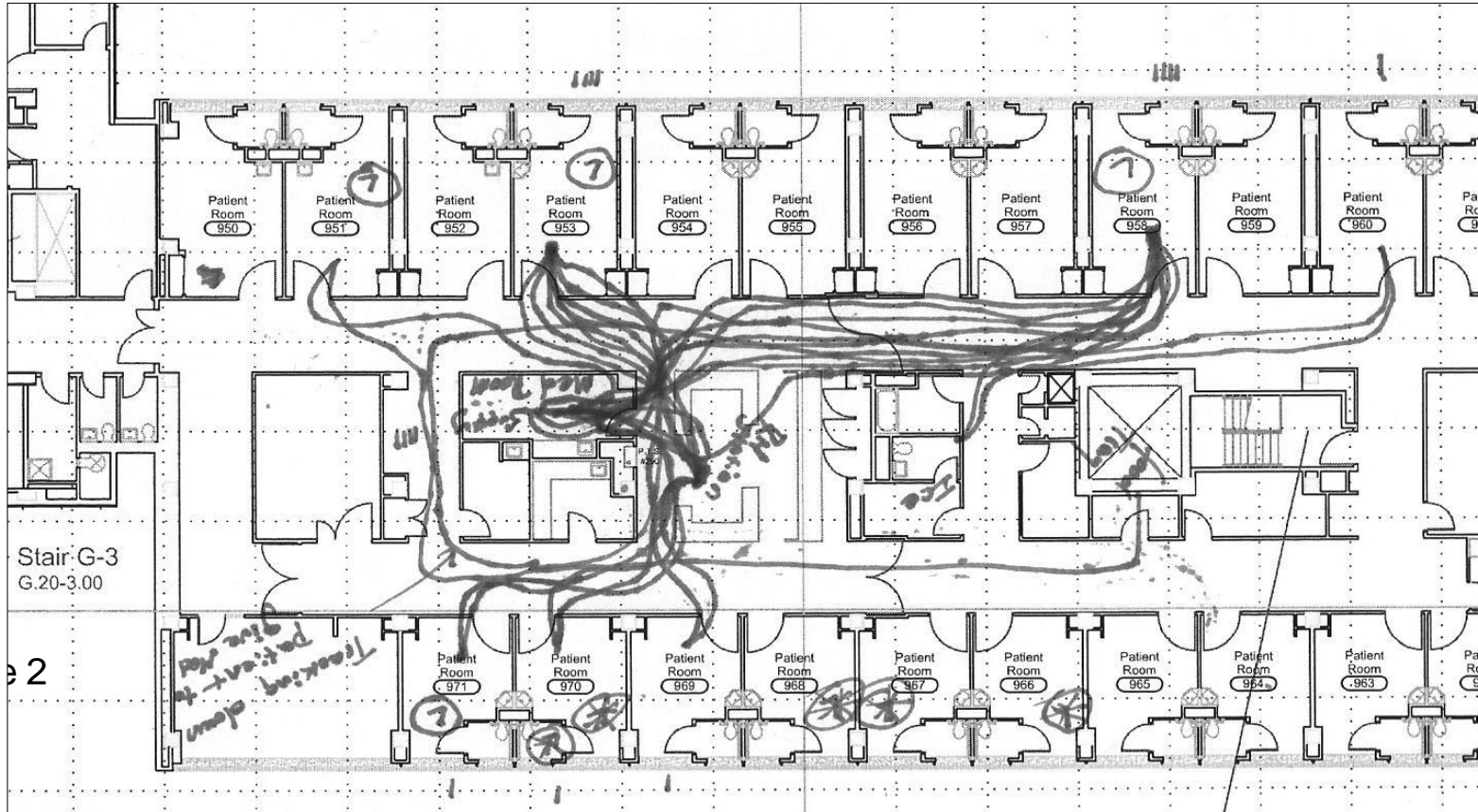
Time

Source: Sanford Healthcare. Used with permission

LECTION



# Nurse Travel Patterns: 1<sup>st</sup> Shift (8:30 – 9:30am)



National Benchmark :  
Medications located at bedside can save up to 2 hours of nurse's time walking back and forth to Med. Room.

REFLECTION

# Donabedian: Outcomes

# Evidence of a Culture of Quality and Safety

## 7-Magnet Exemplars-2021



- 1) Mission – Support by our Professional Practice Model – Watson Caring Sciences. COVID-19 Response.
- 2) BSN 94.3% to goal of 80%.
- 3) 100% of all units outperformed mean for device-related HAPI stage 2 and above.
- 4) HAPI Stage 2 and above outperformed the benchmark for 8 quarters in 100% of all units.
- 5) Door to Balloon data outperformed the benchmark for 8 quarters.
- 6) Patient Satisfaction outperformed the benchmark for 8 quarters.
- 7) Ambulatory HbA1c data outperformed the benchmark for 8 quarters.

REFLECTION



# Key Drivers of Successful Outcomes

vizient.

## Structure

- Watson Caring Science as a theoretical foundation
- Nursing Co-Leadership within the quality improvement structure
- Shared Leadership (Governance) Council
- Dedicated nursing education, quality, research, evidence-based practice and informatics resources

## Process

- Provide shared decision making
- Cascading strategic and operational planning
- Apply principles of improvement and implementation science
- Make data visible and available
- Leverage technology and promote innovation

## Outcomes

- Vizient Top 10 performance for Patient Centeredness
- Reduced and sustained outcomes preventing healthcare associated infections (HAIs)
- Vizient Top Performer for Health Equity

**96.4% Units above  
NDNQI mean for HAPI**



**35% reduction in  
*C. diff* and  
46% reduction in  
CLABSI**

**Vizient Top 10 in  
Patient-Centeredness**



# SHC Direct Care RN Turnover and Static Vacancy Rate



Fiscal Year Period	Annual Turnover Rate	Static Vacancy Rate
9/1/22	12.1%	0.4%
9/1/23	8.0%	-8.0%
8/7/24	7.5% Annualized	-11.1%



# Stanford 2024 APP Wellness Survey Results Compared to National Benchmark



<b>2024 %</b> n = 629	
<b>Response Rate</b>	<b>76%</b>

N= 832

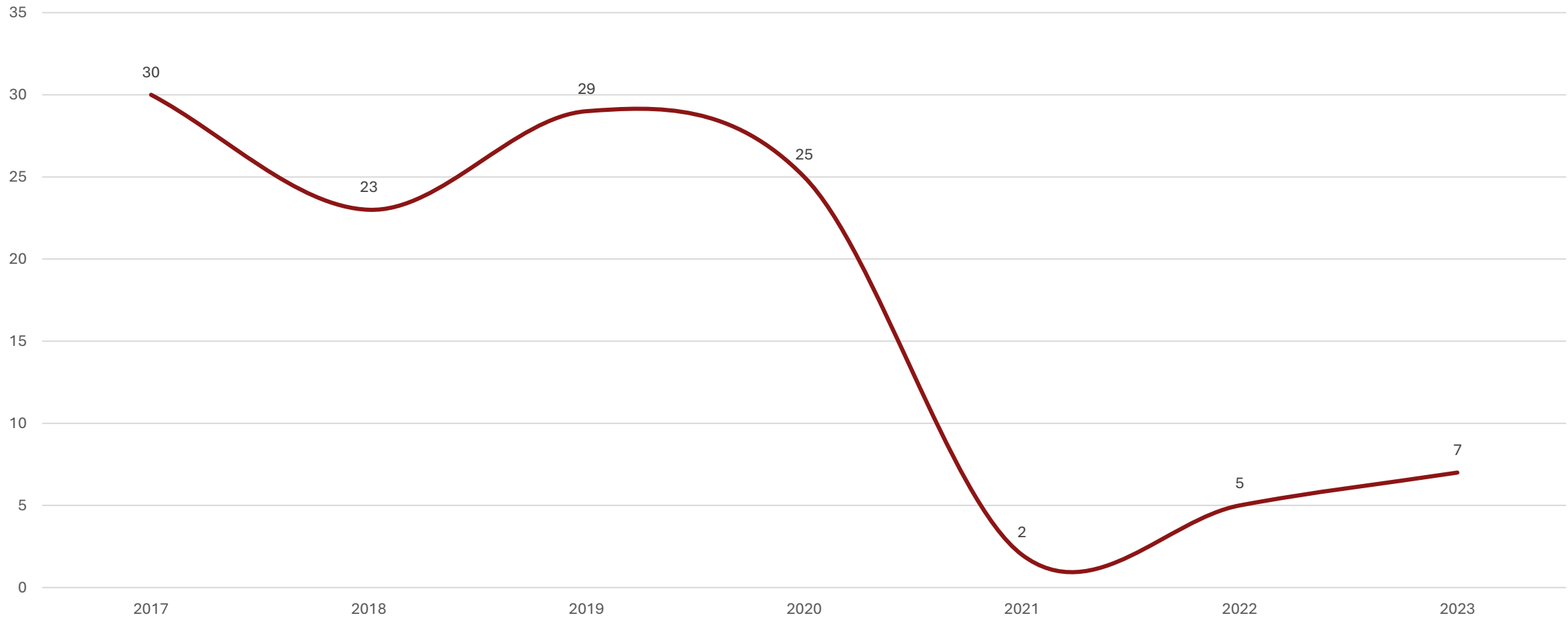
Core Metrics	2024	APP National Benchmark (2-year) <small>(n = 13,503)</small>
<b>Professionally Fulfilled</b>	42%	33%
<b>Burnout Present</b>	33%	40%
<b>Intent to Leave</b>	36%	40%

2024 Survey Dates: 3/19/2024 – 5/1/2024

Internal Data Source: Sanford Healthcare. Used with permission



# Vizient Patient-Centeredness Rank



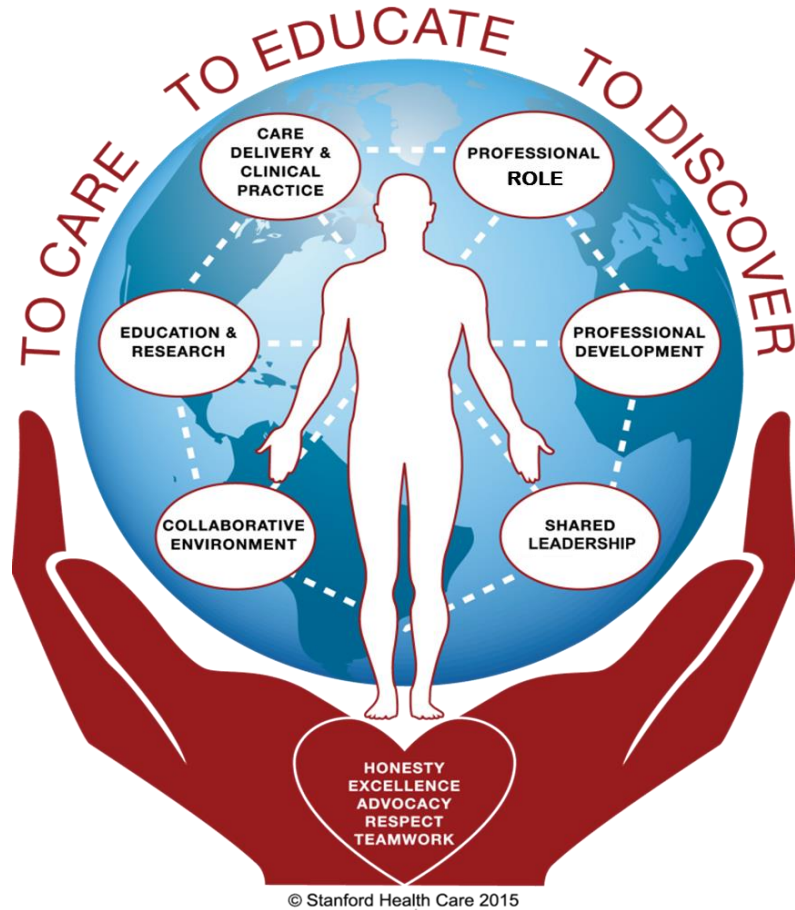
Ranked out of 118 academic medical centers



# Watson Caring Science - Theory

REFLECTION

## Professional Practice Model



### Our Mission

*To Care, To Educate, and To Discover*

### Our Vision

*Healing humanity through science and compassion, one patient at a time*

### Our Values

*“Nursing Excellence Requires a Caring **HEART**”*

**Interprofessional Leaders at Stanford believe:**

**H**ONESTY ensures truthful open exchange at all times.

**E**XCELLENCE and **E**DUICATION result in continuous discovery.

**A**DVOCACY is essential for excellent patient outcomes.

**R**ESPECT for individual differences and diversity guides our behavior.

**T**EAMWORK results in collaboration and cooperation across the continuum.

REFLECTION

# Watson Caring Science Integration

## Structure:

- Watson Caring Science integration & alignment into Patient Care Services (PCS) & Nursing Strategic Plan systemwide

## Process:

- Use Watson Caring Science Institute (WCSI) national affiliate indicators to demonstrate a sustainable commitment to incorporating the values, philosophy, and theory of Watson's Caring Science, which promotes a caring-healing environment for staff, patients/families, organizational culture, and communities.



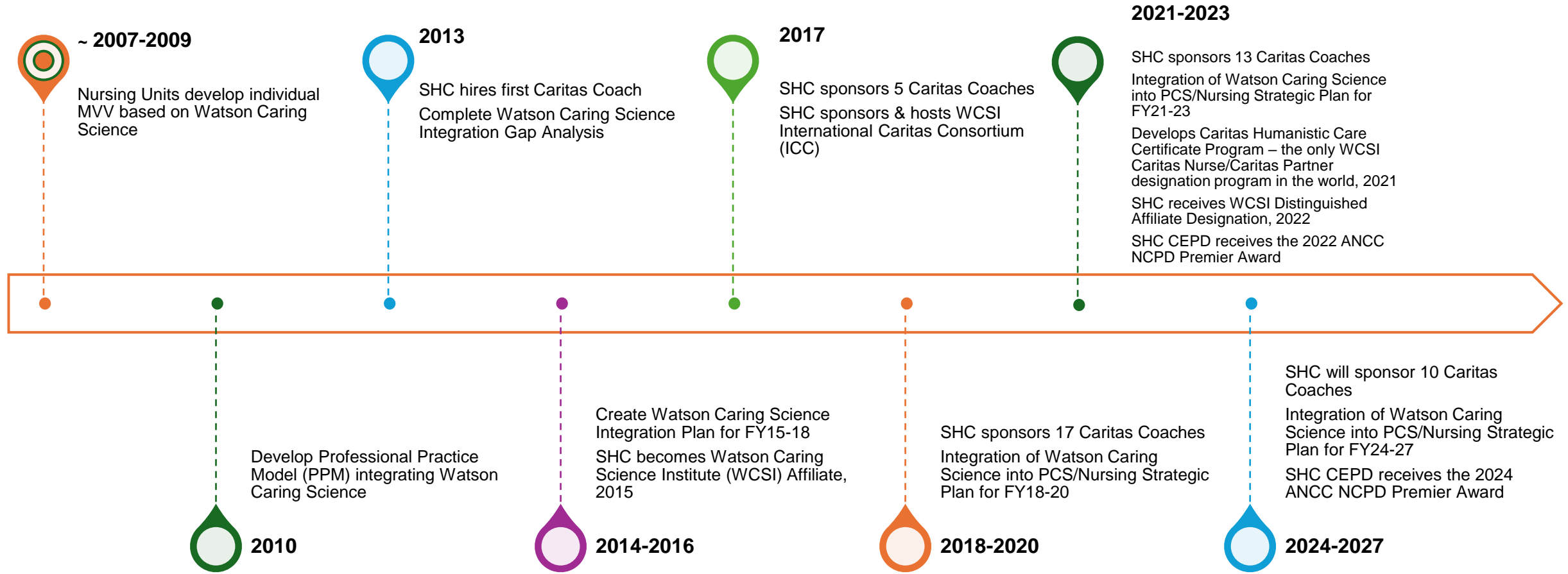
*"It's when we include caring and love in our science, we discover our caring-healing professions and disciplines are much more than a detached scientific endeavor, but a life-giving and life-receiving endeavor for humanity."*

Jean Watson, Ph.D., RN, AHN-BC, FAAN, LL (AAN)

REFLECTION



# Watson Caring Science Integration Journey



Used with permission from: (L-R) Stanford Healthcare, Watson Caring Science Institute

REFLECTION

# Watson Caring Science Integration Outcomes



*“Nurses and carers are being re-oriented toward indicators such as self-love, self-care, self-knowledge, self-control, and self-healing approaches. These address not only the individual, but also our collective humanness, and what it means to be human...”*

*Jean Watson, Ph.D., RN, AHN-BC, FAAN, LL (AAN)*

REFLECTION

# Legacy/Leadership Outcomes

Caritas Coach®

40



Watson Caring Science Institute  
Caritas Coach®

Watson Caring Science Postdoctoral Scholar

1



Watson Caring Science Institute  
Watson Caring Science Postdoctoral Scholar



REFLECTION

# U.S Clinician WellBeing Study; Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing



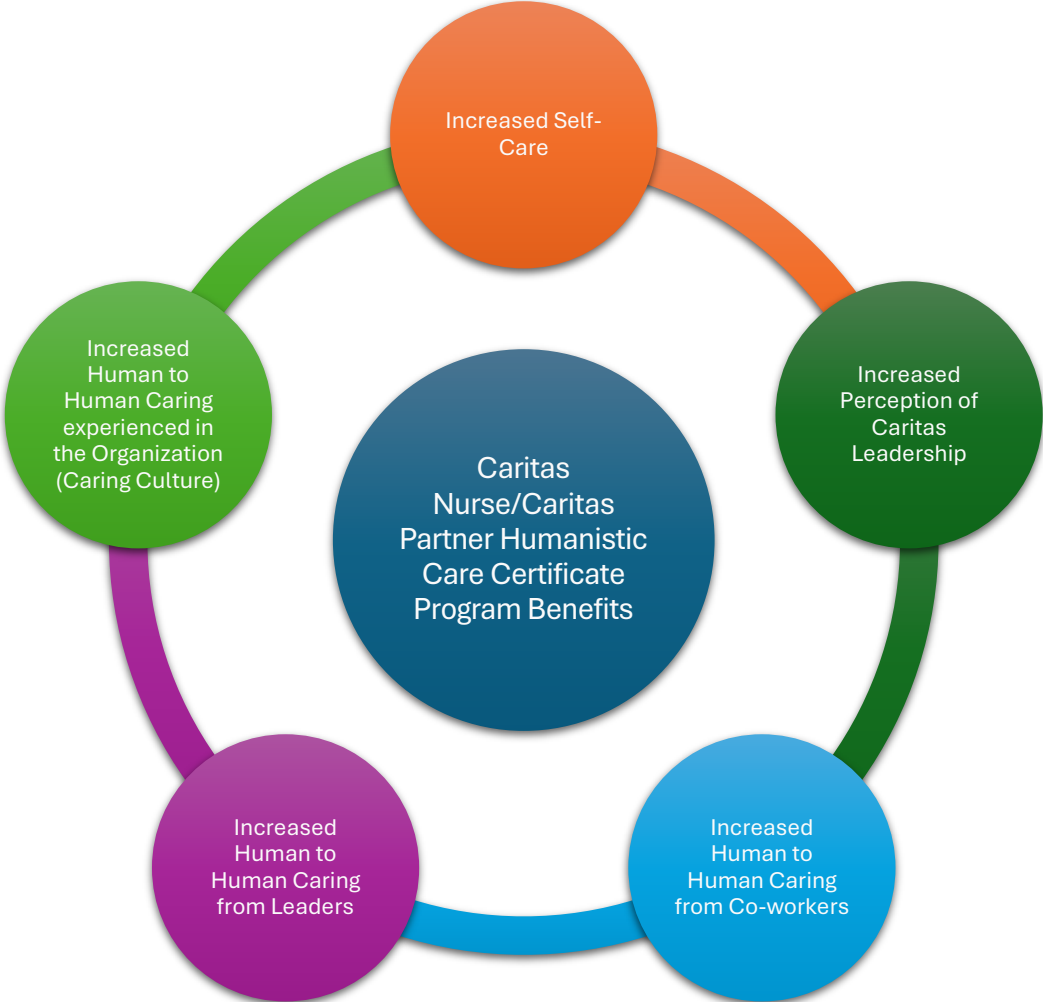
**Table 3. Overall Quality of the Work Environment**

Percent Reporting	Stanford Health Care				CWS Magnets				Non-Magnet
	RN	Phys	APP	All	RN	Phys	APP	All	RN
Work environment is poor or fair	19			19	34	20	23	30	40
Work atmosphere is chaotic or tends to be chaotic	59			59	63	38	43	56	
Administration that listens and responds to clinician concerns	66			66	53	71	67	58	51
Would not recommend hospital as a place to work	7			7	17	13	10	15	34
My values align with leadership	75			75	67	71	73	68	
A clear philosophy of patient-centered care/nursing that pervades the clinical environment	90			90	80	85	87	82	66
Joyous workplace	9			9	7	10	14	8	

Notes. The first item is a single-item measure of the work environment where clinicians were asked to rate their current work environment on a four-point Likert-type scale (1 being "poor" and 4 being "excellent"). The remaining items are from the Practice Environment Scale of the Nursing Work Index (PES-NWI). Percent reporting includes clinicians who reported they "strongly agree" or "somewhat agree" that the items were present in their current work environment. For the last item, clinicians were classified as reporting their current workplace was "joyous" if their score on the Mini-Z was  $\geq 40$ .



# Caritas Nurse/Caritas Partner Humanistic Care Certificate Program Benefits



REFLECTION



# Education Outcomes



Caritas Nurses

101

Watson Caring Science Institute  
Caritas Nurse®

*(Nurse participant at all levels)*

Caritas Partners

26

Watson Caring Science Institute  
Caritas Partner®

*(Non-RN participant at all levels)*

LAMA

177

LAMA Leadership and Management Academy  
Stanford Health Care  
STANFORD MEDICINE

*(Entry-level mid-career nursing and interprofessional leaders transitioning into new formal leadership positions)*

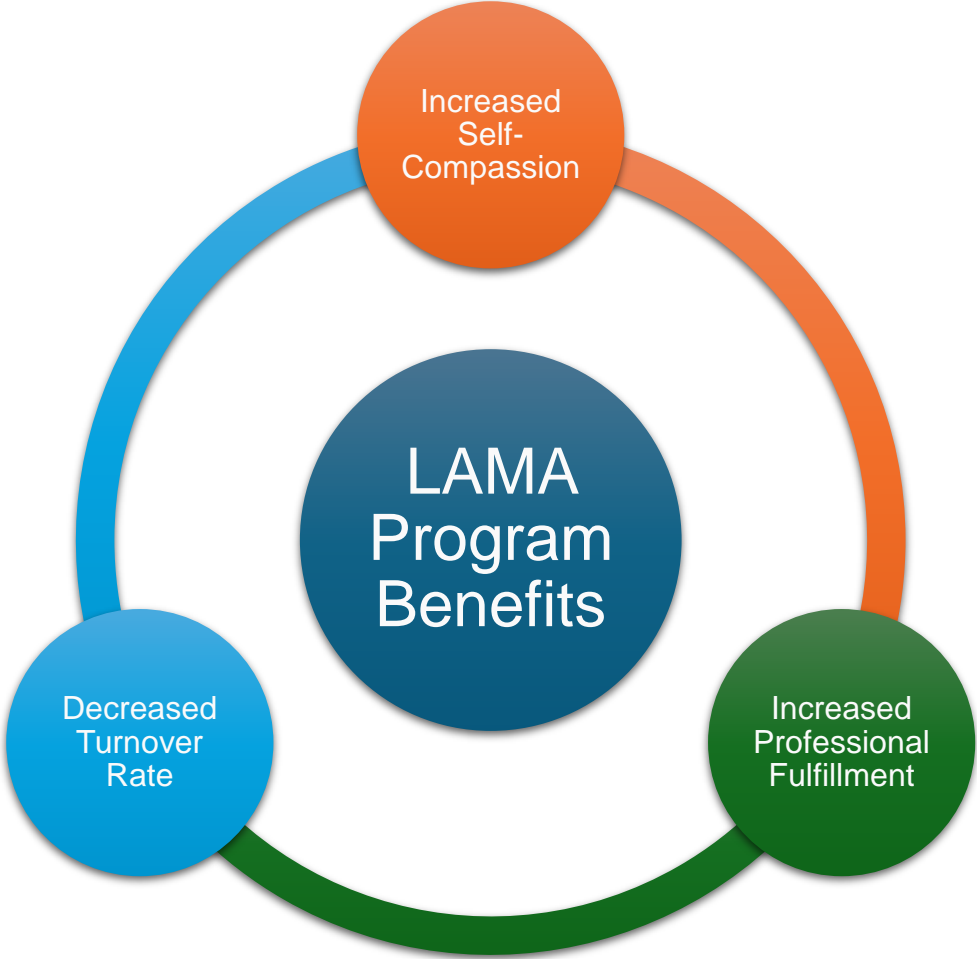
Watson Caring Science Institute  
**CARITAS LEADERSHIP PROGRAM™ GUIDES**

Faculty and Experts include: Wanda Borges, Sara Horton-Deutsch, Jean Watson, Marybeth Desmond, Dale E. Beatty, Chris Griffin, Jim D'Alonzo, Glison Oreo, Karen Drenkard, Paulina Van, Gayle Novak, and Grisael Hernandez.

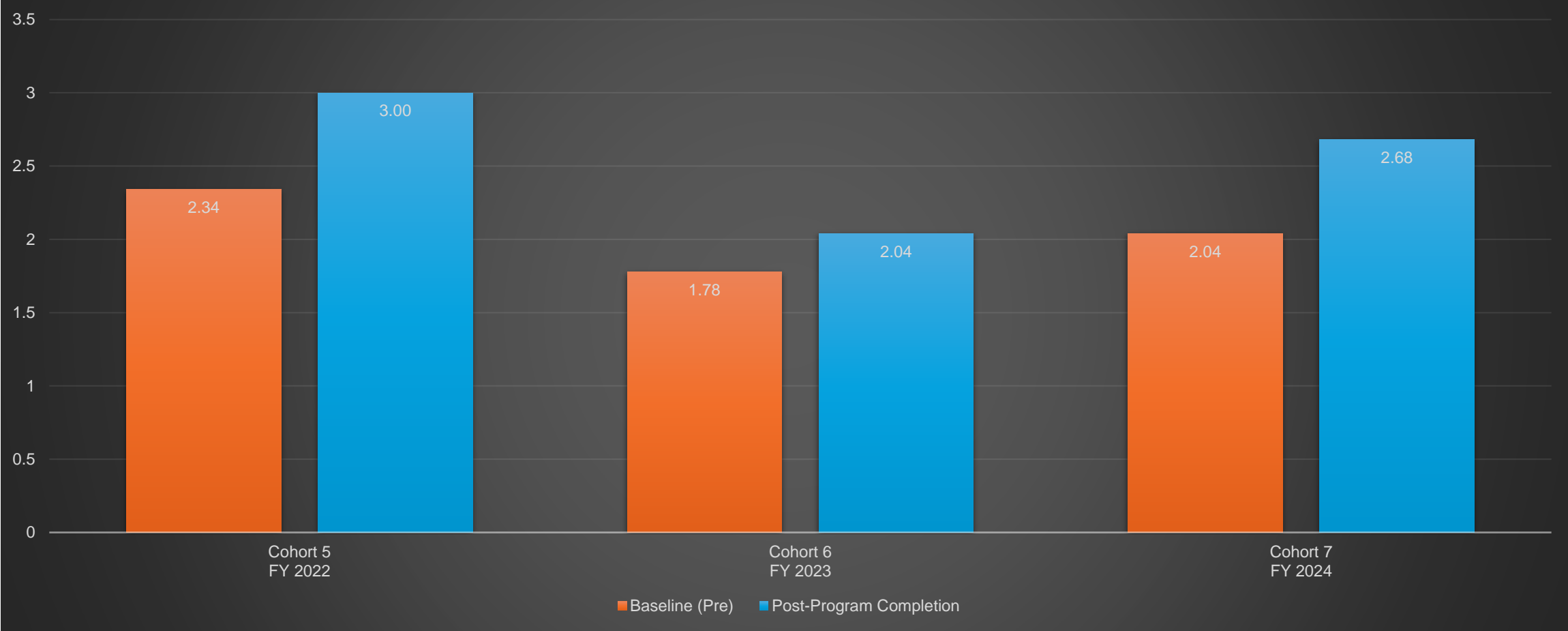
**Our SHC Caritas Coaches are actively involved with Watson Caring Science Institute as faculty and experts in their Caritas Leadership Program.**

REFLECTION

# Leadership And Management Academy (LAMA) Program Benefits



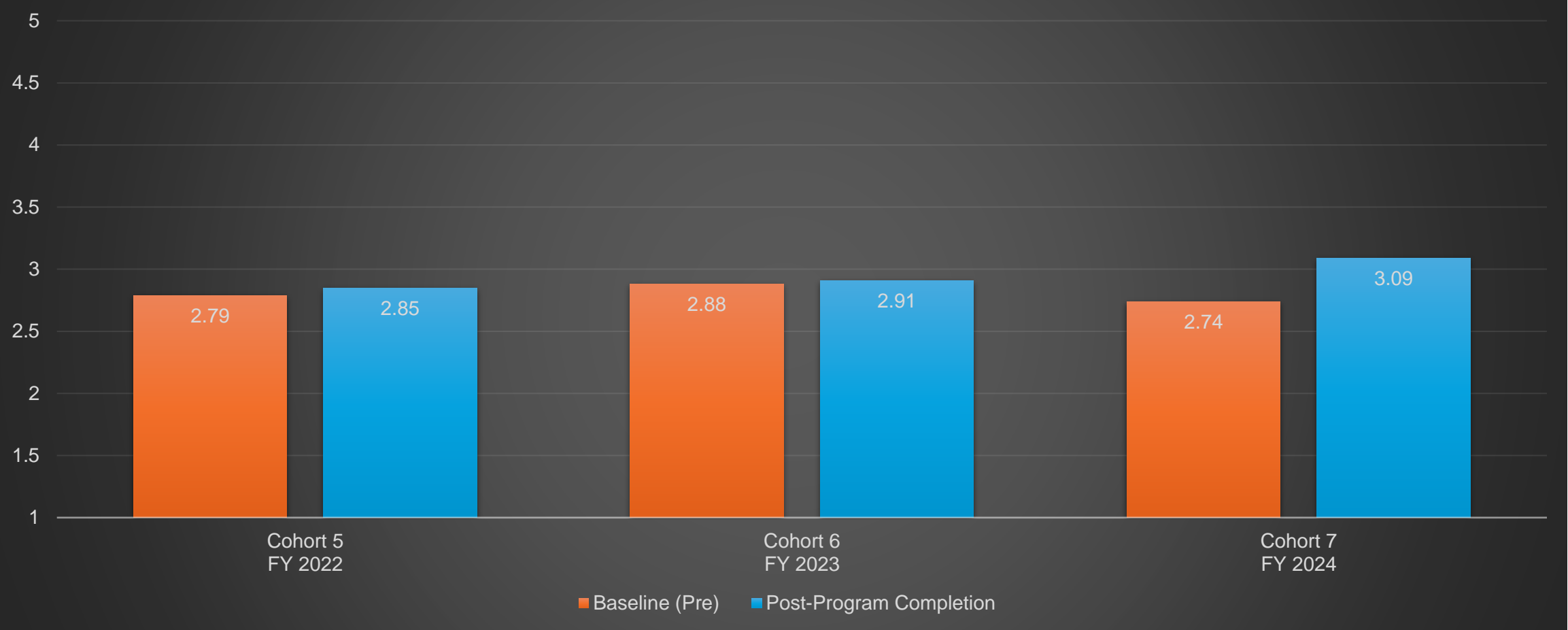
# LAMA Participants Personal Resilience - Self-Compassion



Internal data source: Stanford Healthcare



# LAMA Participants' Professional Fulfillment



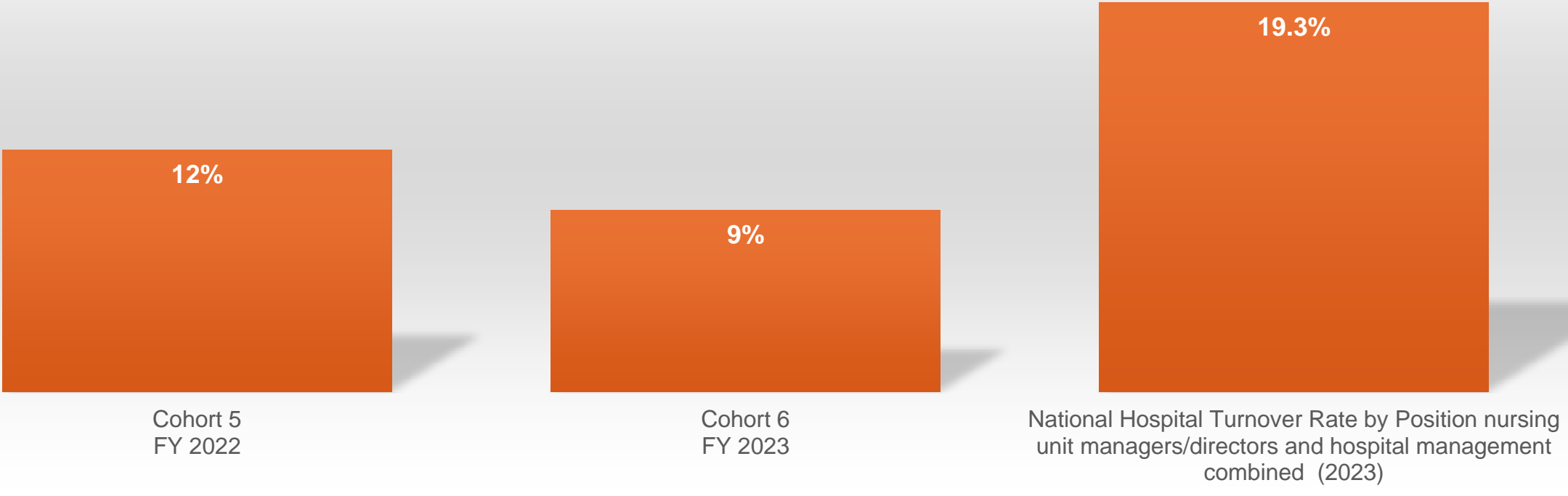
Internal data source: Stanford Healthcare



# Turnover Rate Post-1-year Completion LAMA Program



LAMA Participant Retention Rate Post 1-Year Program Completion LAMA by Cohort



National Hospital Turnover Rate Source: NSI Nursing Solutions, Inc. 2024 NSI National Health Care Retention and RN Staffing Report. East Petersburg, PA: NSI Nursing Solutions, Inc; 2024.

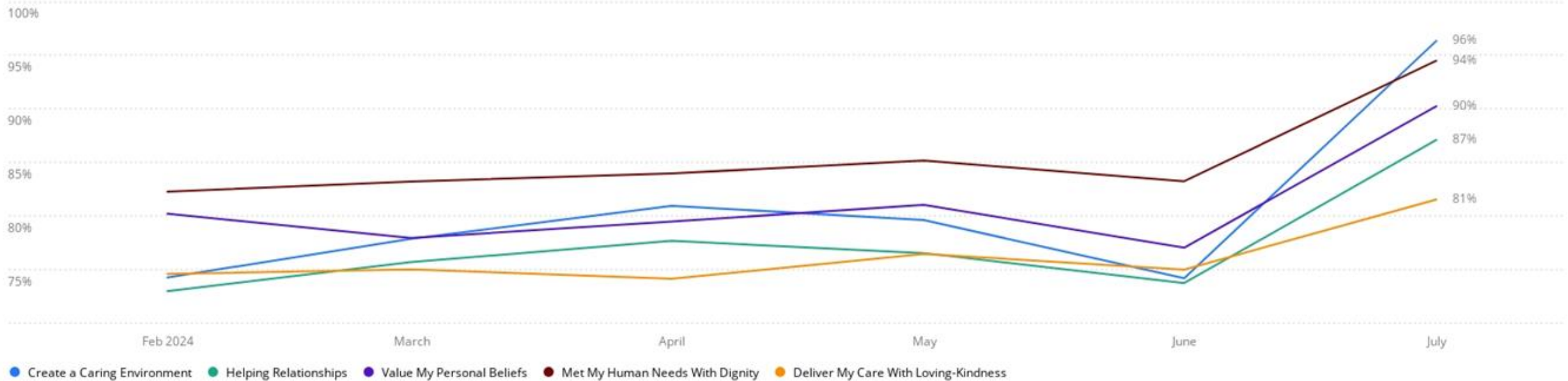




# Praxis Outcomes – Human Caring Domain Enterprise Patient Experience Dashboard

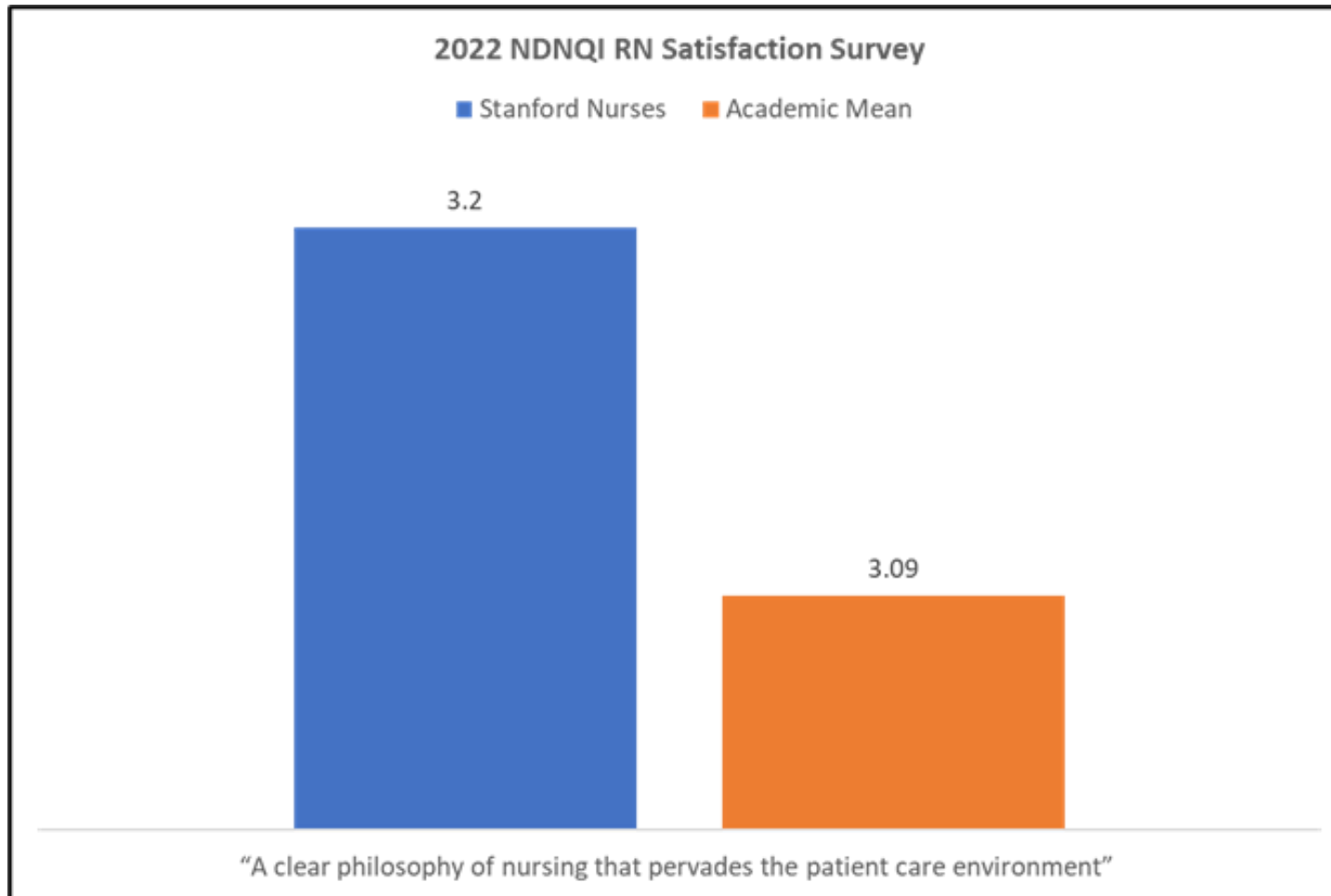


Summary Trends 2,054



REFLECTION

# RN Satisfaction Survey



Top Quartile  
Performance compared  
to other Academic  
Medical Centers.







# "Building Habits for Resilience and Emotional Wellness: Superhero Stance as a Micro-practice"

**Jurgita Benetyte, BSN RN PCCN, CN III**  
F3 Inpatient Oncology, Stanford Health Care, *Stanford, California*



Watson Caring  
Science Institute

## INTRODUCTION

- *Superhero Stance* means standing tall with an upright posture, chest out, shoulders back, chin up, and hands placed on the hips.
- Researchers at Harvard found that *Superhero Stance* can increase levels of testosterone and reduce levels of cortisol. The subjects in the study reported improved self esteem and boosted confidence (Cuddy, Wilmuth, & Carney, 2010, p. 1366).5.



## SOAR:

### Strengths:

- I possess self-awareness & optimism
- I am committed to my personal growth

### Opportunities:

- I have poor posture
- I tend to prioritize productivity over self care
- I often ignore physical cues of fatigue

### Aspirations:

- I desire more awareness of physical signs of stress
- I hope to enhance emotional regulation at work

### Results:

- I expect to reduce physical discomfort & lower my stress
- I will increase my resilience and emotional wellness

## CARITAS PROCESS®

**#1 - Sustaining Humanistic-Altruistic Values by practice of loving-kindness, compassion, and equanimity with self/others.**

## SMART GOAL:

While working shifts between Dec 12<sup>th</sup> and Jan 15<sup>th</sup>, adopt a micro-practice of standing in a *Superhero Stance* for 10 seconds using Omnicell (medication dispensing machine) as a touchstone, and reflect on my emotional & physical wellbeing before and after each shift.

## INTERVENTIONS:

### Self-Education & Research:

- Brainstormed and researched micro-practices of self-care
- Read about habit building strategies

### Test:

- Initially tried implementing multiple micropactices at once
- Tried holding *Superhero Stance* for 30 seconds – too long

### Adjust:

- Decided to focus on a single micro-practice
- Cut the duration to 10 seconds – manageable
- Added additional opportunities to practice the *Superhero Stance* (i.e., shift change huddle, etc)

### Reflect:

- Documented pre and post shift reflection notes on my phone

### Share:

- During mid-shift huddles on F3, I led my coworkers to participate in the *Superhero Stance* with added vocal affirmations.

## RESULTS/OUTCOMES:

- Increased awareness of poor posture & fatigue indicators
- Decreased variability in my emotional wellbeing
- Reflections showed more frequent instances of feeling “refreshed”, “balanced”, “calm”, “self-assured”, and “ready”



## BARRIERS:

- Workload and time constraints
- Initially attempting too many micro-practices at once
- Self judgment
- Forgetfulness
- Changes in schedules & roles at work – less Omnicell use.

## SUSTAINABILITY:

- This postural change micro-practice has become a habit
- Using the *Superhero Stance* in my personal life and in a variety of other environments (i.e., in grocery line, while cooking, etc)
- *Superhero Stance* has been adopted as one of the mid-shift huddle exercises on F3.



## CONCLUSION:

- Gained a valuable tool to evoke a sense of calm, self-reliance, and confidence
- Noticed the *Superhero Stance* is helpful to contain and balance out my stress levels at work
- Small, steady, and consistent practices have a better chance of success in becoming new and sustainable habits.

## GRATITUDE:

- My F3 work family
- Mojgan Haririfar, PhD, RN, FNP-BC, NPD-BC, CCTC, Watson Caring Science Caritas Coach® 5

## LITERATURE:

- Cuddy, A. J. C., Wilmuth, C. A., & Carney, D. R. (2010). *Power Posing: Brief Nonverbal Displays Affect Neuroendocrine Levels and Risk Tolerance*. *Psychological Science*, 21(10), 1363-1368.
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# Cultivating Resilience: Embrace Mindfulness through Virtual Reality Meditation in a Caring Science Odyssey of Paying It Forward.

Ellen Huang, MSN, MMS, MPAS, RN-BC, FNP, PA-C  
G2P, Stanford Health Care, Stanford, California



Watson Caring Science Institute



## INTRODUCTION/BACKGROUND

This endeavor combines virtual reality (VR) headset, VR applications, and the teaching from the Watson Caring Science<sup>®</sup> to facilitate a transformative meditation experience. Over a two-month period, the writer actively engages in immersive experiences, featuring serene landscapes, guided meditations, and mindfulness sessions or activities. This integration seamlessly harmonizes contemporary technological advancements with age-old practices, cultivating inner peace, gratitude, grounding, concentration, and resilience within the virtual domain.

## SOAR ANALYSIS

In my pursuit of personal growth through Watson Caring Science<sup>®</sup>, I seek to weave a compassionate approach with creativity and mindfulness. Exploring an immersive experience, I aim to seamlessly integrate VR meditation with daily reflections. Embracing Caritas' teachings, I will enhance relationships through empathetic listening, spreading positive energy, and embodying the principles of Caritas Caring Science<sup>®</sup>.

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## CARITAS PROCESSES<sup>®</sup>

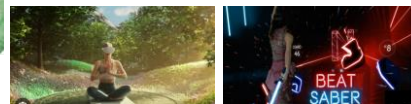
**Caritas Process #2 – Being authentically present, enabling faith/hope/belief system, honoring subjective inner, life-world of self/others.**

## SMART GOAL

For eight weeks, I immersed myself in daily guided virtual reality meditation. This practice aims to boost well-being, foster mindfulness, enhance emotional resilience for anxiety management, and sharpen focus. Each week, I'll monitor my progress using the Watson Caritas Self-Rating Score<sup>®</sup>.

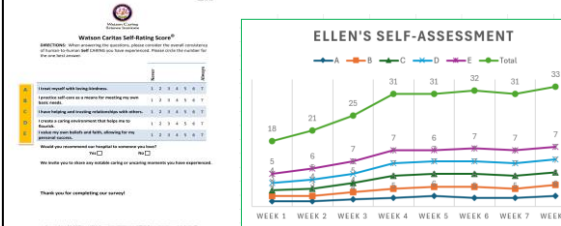
## INTERVENTIONS

- Caring science touchstone card.
- Oculus Quest 2 VR headset w/various apps.
- Document progress and reflect weekly using Watson Caritas Self-Rating Score<sup>®</sup>



(Google VR/Oculus Image)

## RESULTS/OUTCOMES



- By week 4, a sense of groundedness enveloped me, prompting the decision to pay it forward. I actively began expressing recognition to individuals in need through diverse channels like texts, poems, cards, or emails.
- A noticeable improved focus and concentration by, "Take a pause" and review the 10 Caritas principles<sup>®</sup>.



## BARRIERS

- Cyber nausea and neck discomfort from prolonged VR headset use.
- Modification: For enhanced comfort and reduce cyber nausea, take short breaks, adjust settings, lie down/recline (if possible), and gradually increase exposure to virtual reality headset experiences.

## REFLECTIONS & CONCLUSION

Over the past four months, the Caritas program has profoundly transformed me. A vital lesson learned is the necessity of prioritizing self-care, initially utilizing VR tools—be it through guided meditation or grounding pauses—and paying it forward by expressing gratitude. I've realized that acknowledging others doesn't require much time, yet it can profoundly impact recipients.

Furthermore, being grounded and present enhances my observant nature, enabling me to craft impactful acknowledgments through various mediums such as text, verbal expressions, poems, or emails. I firmly believe that this practice can seamlessly become a part of my routine due to its meaningful outcomes. In the workplace, I aim to restart the "Staff Spotlight" that has been on pause for 2 years, recognizing a co-worker on a quarterly basis.

## Acknowledgments

- Dr. Jean Watson
- Caritas coaches<sup>®</sup>: Dr. Grissel Hernandez, Gisso Oreo, Anna Comel.
- Madeleine Clemente, RN, G2P/H2 PCM
- Caritas Cohort 5 participants.



# Developing and Sustaining Loving, Trusting and Caring Relationships on a Unit Level

Shelby Taranto, MSN, RN, CNL, CCRN-K

D1 Medical Oncology ICU, Stanford Health Care, *Stanford, California*



Watson Caring Science Institute



## INTRODUCTION/BACKGROUND

Watson Caring Science is the theoretical framework of our Stanford Healthcare Professional Practice Model. Although very prominent in Stanford Healthcare culture, I found myself lacking the connection I craved between the staff on D1 and myself. I found this to be challenging in the setting of the dynamic of Patient Care Manager and Direct Report. I sought out Watson's Caritas Processes to cultivate a "unified mind, body, heart and spirit with what is happening right now rather than what has been or what may be." (Sitzman & Watson, 2018). In other words, I sought to create a Transpersonal Moment between myself and staff.

### Strengths

- Listening -Setting intentions
- Being kind -Creating healing environments
- Leading with curiosity -Accepting positive and negative feelings
- Approachable -Dependable
- Clarifying information I don't understand
- Thinking as equitably as I can
- Empathetic
- Compassionate

### Opportunities

- Looking at better reflective practices
- Incorporating inclusion and individual needs into decisions
- Being still, breathing in the moment
- being authentically present

## SOAR

### Aspirations

- Integrating caring science naturally without thinking, like learning a new language
- I care about the people I work with and live with feeling heard and respected; to Focus on Caritas 3,4,5,9, Ensuring I am also working on caring practices in

### Results

- Having a trusting relationship with another person, being authentically present, opening vulnerabilities and worries without fear for myself and the other person

## CARITAS PROCESSES®

#2- Be Authentically Present, Enable Faith and Hope, and Honor Others  
 #4- Develop Helping-Trusting-Caring Relationships

## SMART GOAL

To create transpersonal caring moments with my staff by connecting and recognizing their birthdays and asking about their PTO by 12/31/24.

## INTERVENTIONS

- ★ Created Outlook/iPhone recurring calendar entries for each staff member's birthday
- ★ Ensured phone numbers programmed into phone and texted staff a birthday message on their birthday
- ★ Set reminder each week to check previous weeks PTO approval sheet, place on digital sticky note to follow up with staff how their vacation was
- ★ Ask Unit Educators to send me the "Get to Know Me" Sheets that new staff and travelers complete



## RESULTS/OUTCOMES

Thank you so so much 🙏

Thank you for taking the time to message me! 😊

Aww thank you Shelby!!!

- ★ Insight into staff extracurricular activities while celebrating birthdays and PTO
- ★ Insight into staff attitudes surrounding people and activities during events

## BARRIERS

- ★ Syncing schedules to follow up with staff in-person upon arrival from PTO

## SUSTAINABILITY

- ★ Better utilization of digital calendars to follow up with staff

## REFLECTIONS

My goal was to create a transpersonal caring moment as organically as possible. Although I have yet to reach out to all staff on their birthday and had some hiccups connecting with staff after their PTO, I feel I was able to make the connection I sought after with some of the staff. I half expected the staff to not find value in the connection I was making and felt in the end the project would be more about my feelings rather than theirs, but I was surprised at the positive response I received. The connection was so much more than I could have hoped for, and I will be continuing this practice.



## ACKNOWLEDGMENTS

The wonderful caritas coaches in the program and my group advisor, Dr. Grissel Hernandez, my colleagues for their flexibility while in this program, my director for her support, and my family for their unwavering confidence

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If your compassion does  
not include yourself, it is  
incomplete.

JACK KORNFIELD





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# Lessons Learned

- A theoretical foundation promotes a caring environment for patients and nurses
- Leverage quality and theoretical frameworks to improve culture
- Intentional structures foster interprofessional collaboration and lead to sustainable processes
- Empowering and engaging nurses at all levels drives improved outcomes
- Promoting standardization with appropriate customization
- Make it easy to do the right thing with clinical decision support tools

# Key Takeaways

- Make sure your nursing philosophy is integrated into the nursing practice environment
- This is a people business....keep the patient in the center and the employee, clinicians engaged in the work
- The people doing the work are the subject matter experts - They have solutions
- Leverage your Dyadic Relationships at every level
- Pilot, pilot, pilot....small test of change and then spread
- Create a culture that moves from transactions to meaningful connections and purpose
- Celebrate and recognize your successes

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# Questions?



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# Learning Objectives

- Describe caring science strategies to create an environment that promotes healing and enhances the overall patient experience.
- Develop custom algorithms for enhanced operational efficiency through the strategic lens of nurse executives.
- Examine methods to maximize bed capacity to boost operational margins
- Apply organizational strategic planning in fostering guided work that aligns with a culture of innovation, patient experience and overall improved care.
- Discuss the importance of human-centered design in healthcare change initiatives, including the implementation of new care models and technology-enabled workflows.



# Achieving Margin Growth & Sustainability by Revolutionizing Bed Throughput and Staffing

**Cory Geffre, MSMSL, RN, BSN**, Executive Vice President of Hospital Operations and Chief Nursing Officer

**Sara Dvorak, MSN, RN, BSN**, Director of Nursing Services, Hospital Operations

**Lisa Johnson, DNP, MSN, BSN, RN**, Director of Emergency and Specialty Services, Hospital Operations

Altru Health Systems  
Grand Forks, ND

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# Disclosure of Financial Relationships



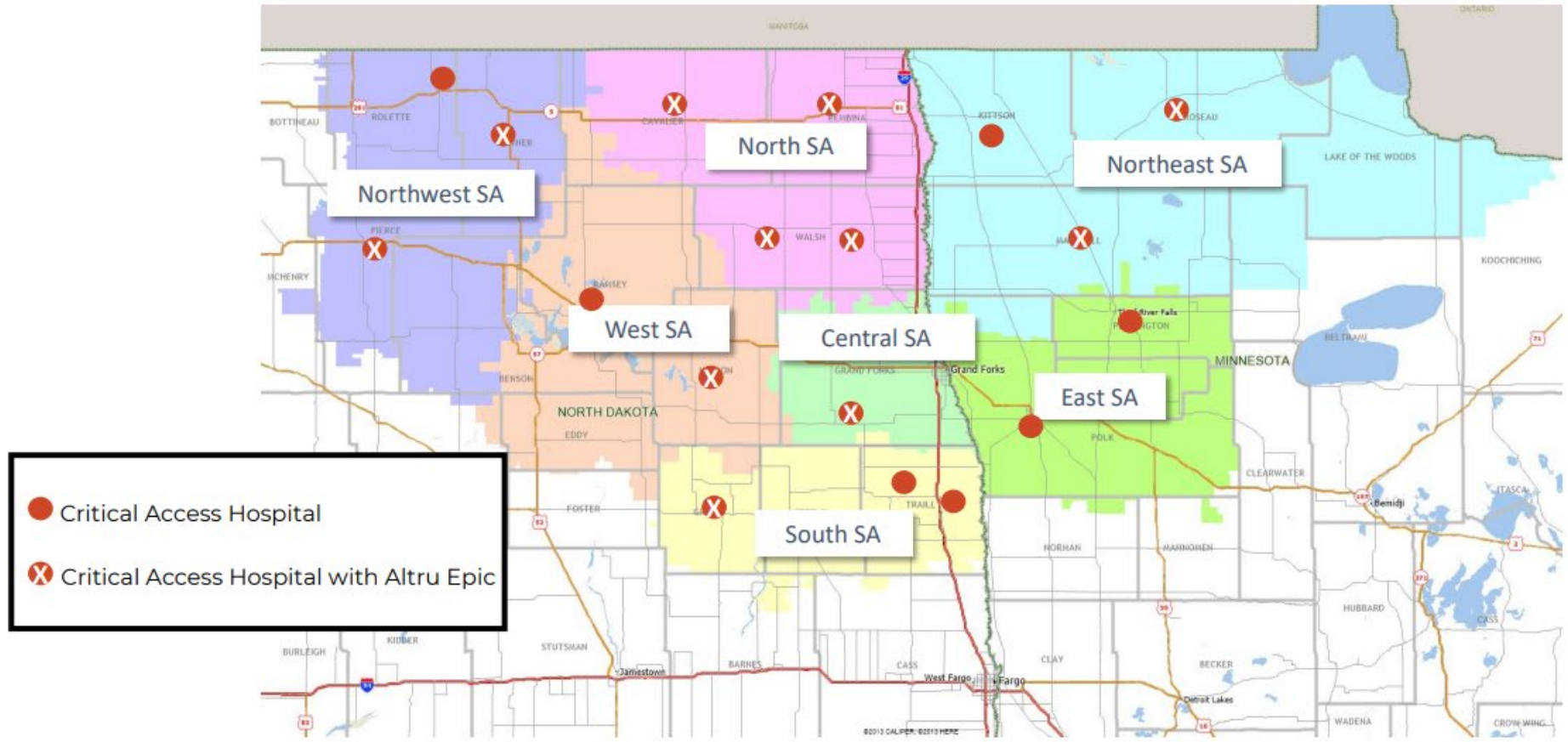
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# Our Market



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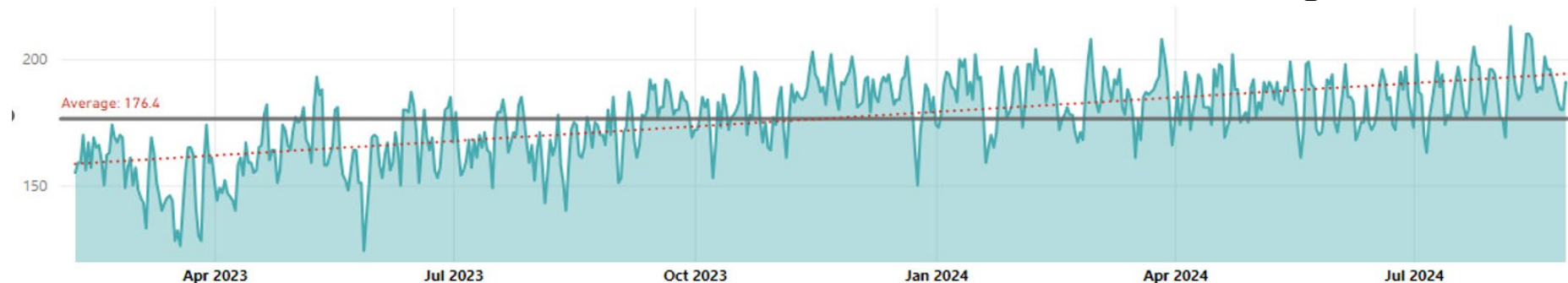
## How it Started...

- Swimming upstream
- Less "no" and more "how?"
- When is enough, enough?
- 3-legged stool: Quality, cost, and access
  - Quality needs to be a non-negotiable
  - Cost will take decades
  - Access is controllable often at the department level
- Facts and feelings

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# How it's Going...

- Transfer denials reduced by 50%
- Open and staffed beds increased by 30%
- Hospital business unit direct margin improved by 16%
  - Acute admissions grew 6.2% and inpatient surgery grew by 5.2%
- 18% reduction in patient harm and improvement in patient and RN satisfaction
- Reduction in labor costs by 9%
  - Locum reduction and more consistent unit staffing with matrices



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## What our CFO Told the Rating Agencies...



*"Our main hospital business unit improved direct margin by 16% from 2022 to 2023 and is on track to improve another 13% from 2023 to 2024. The alignment of the team to see more patients, run more efficiently, and connect to the broader healthcare needs of the market makes for a greater community impact and a very healthy bottom line."*

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# Lessons Learned- Leadership Reflections

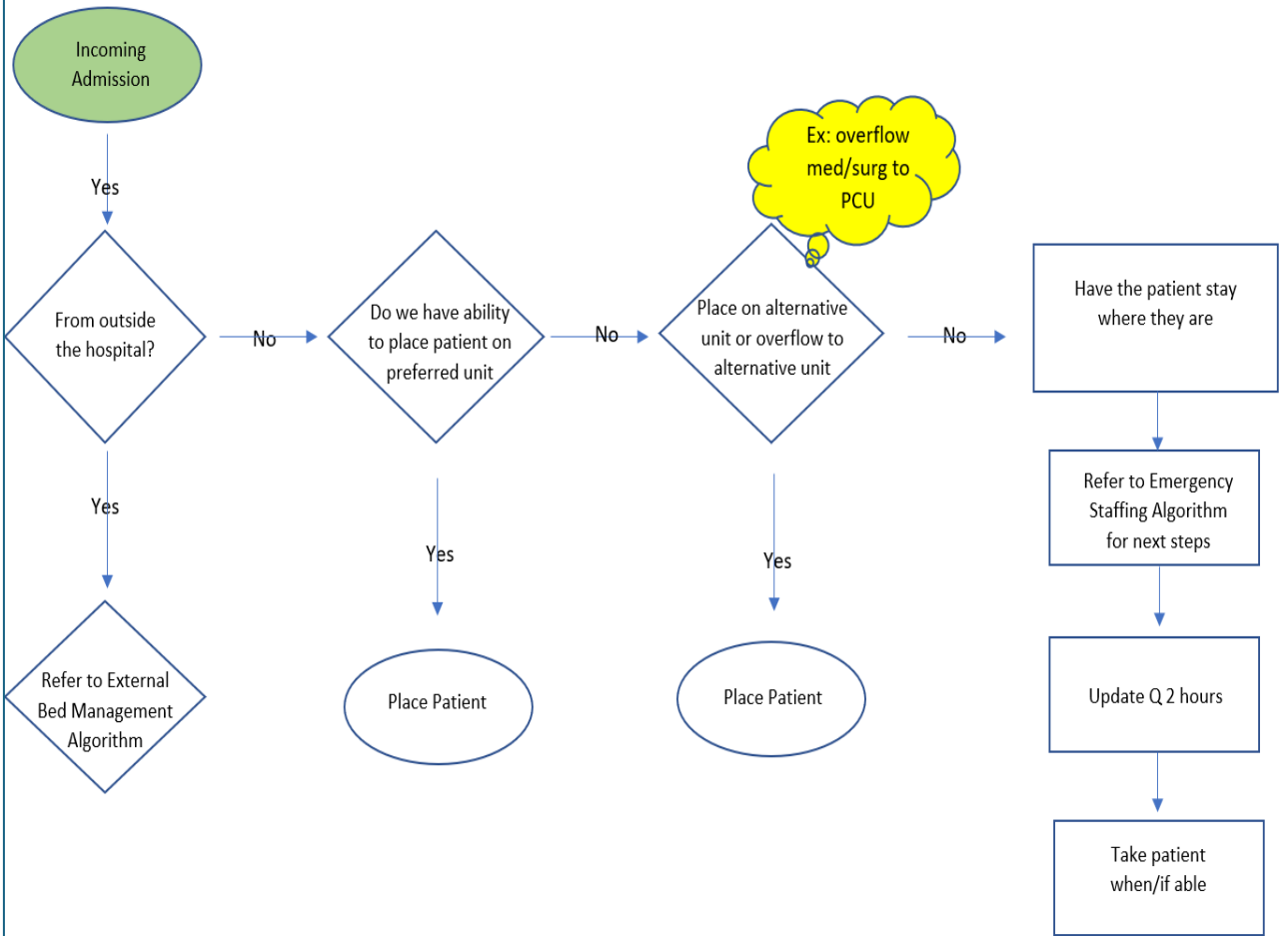
- Kind vs nice leader
- Change management
- Clear expectations
- Do we have the right players on the bus?
- Don't forget about the physicians
- Believe/trust



# Lessons Learned- Moving from No to Yes

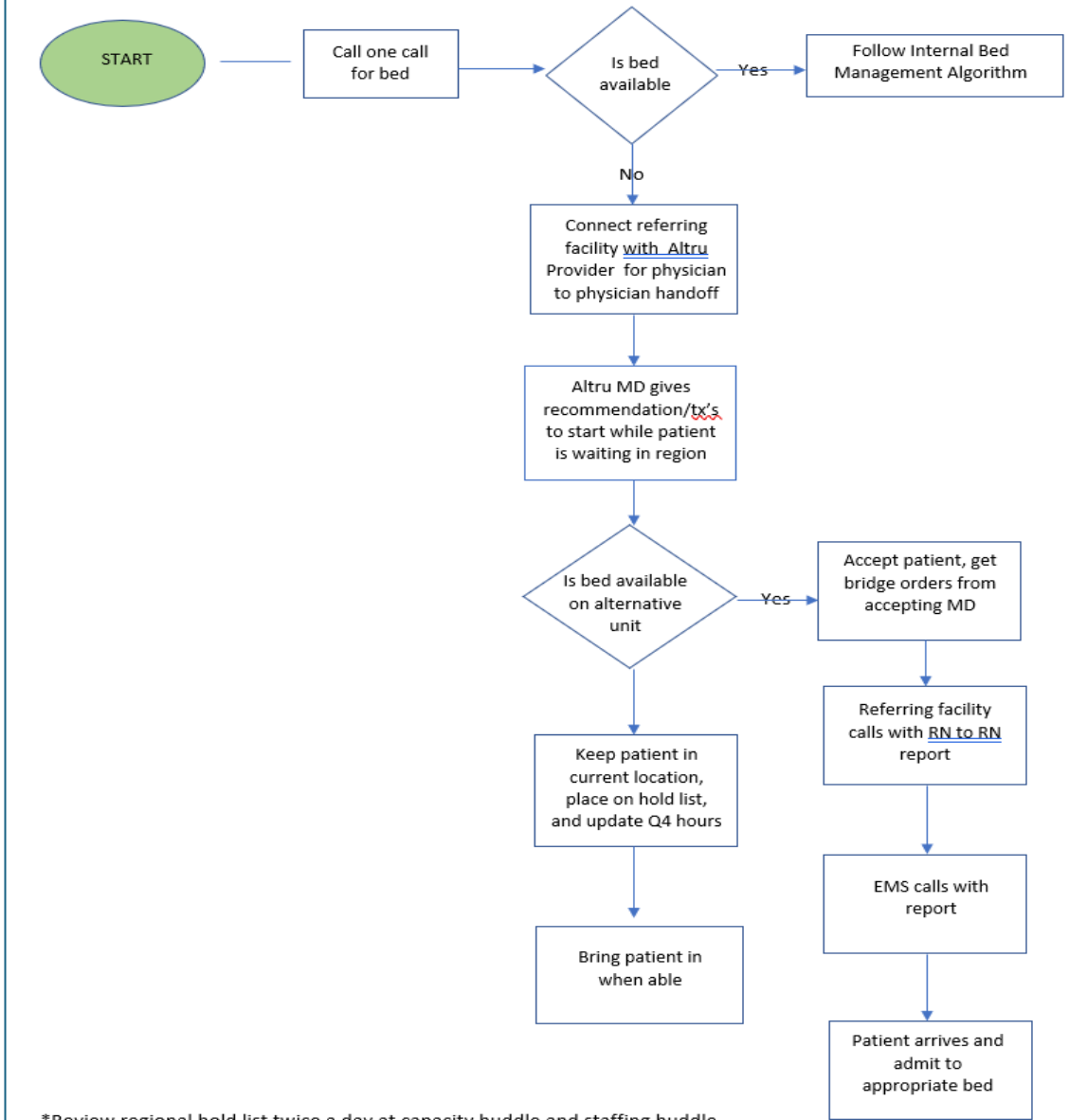
- Naturally, we look for reasons to say no
  - We flipped this mantra to just say yes
- Ownership
- Throughput
- Lessons from pandemic
- Stabilize staffing
- Maximize number of open beds
- Custom algorithms

### Internal Bed Management Algorithm Guide



Internal Source: Altru Health System

### External Bed Management Algorithm Guide



\*Review regional hold list twice a day at capacity huddle and staffing huddle

# Lessons Learned- Staffing Matrices

- Equitable among all units (transparency)
- Three levels of matrices
- Clear communication
- Leadership presence
- Celebrate the wins
- How to measure success

## Staffing Matrix Changes

### What?

- The 4 primary med/surg units (6W, FCU, 3W, 3E) will be moving to 1 staffing matrix to determine daily/shift staffing needs.
- This new staffing matrix will include a “minimum” and “controlled” matrix to meet safe/quality patient care needs.

### Why?

- Create consistency across similar patient care units
- Staffing to demand
- Making appropriate and equitable workload assignments
- Helping create the future state for our new hospital
- Listen to feedback (taking unnecessary work off your plate).

### When/How?

- Starting March 20, 2023
- Staffing office/AOD/Leader training

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# Lessons Learned- Emergency Department

- Worked closely with the leadership team
- Developed standard work
- Relationship building
- Just say yes mentality
- Boarding
  - 0.9% increase
- Encounters
  - 0.9% increase

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# Lessons Learned- Patient Story (Leadership Aha Moment)

- Family member with cardiac history
- Cardiac event in the region
- Needing to be transferred quickly
- No beds available in closest facility
- Accepted in our facility
- Major surgical procedure
- Changed from no to yes saved his life

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# Key Takeaways- How to Get Started

- Daily leader goal huddles
  - 15 minutes daily
  - 1 hour weekly discussing throughput/operations
- Staffing ownership
  - Move the ownership closer to the department
- Clear staffing matrices and decision-making algorithms

# Key Takeaways- How to Get Started

- Referring facility relationships
  - Includes visits and removing barriers
- Phone scripting
  - Consistent messaging when facilities call for a bed
- Publish "guiding principles" where algorithms do not apply

***“Trust lives at the intersection of truth and transparency”***

Questions?



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# Utilizing Human-Centered Design to Implement a Virtual Nursing Pilot in a Medical-Surgical Nursing Environment

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**Monique Bouvier, PhD, ARNP**, Nurse Scientist, Emory Healthcare

**Erica Davis, BSN, RN-BC**, Unit Nurse Educator, Emory Orthopedic and Spine Hospital

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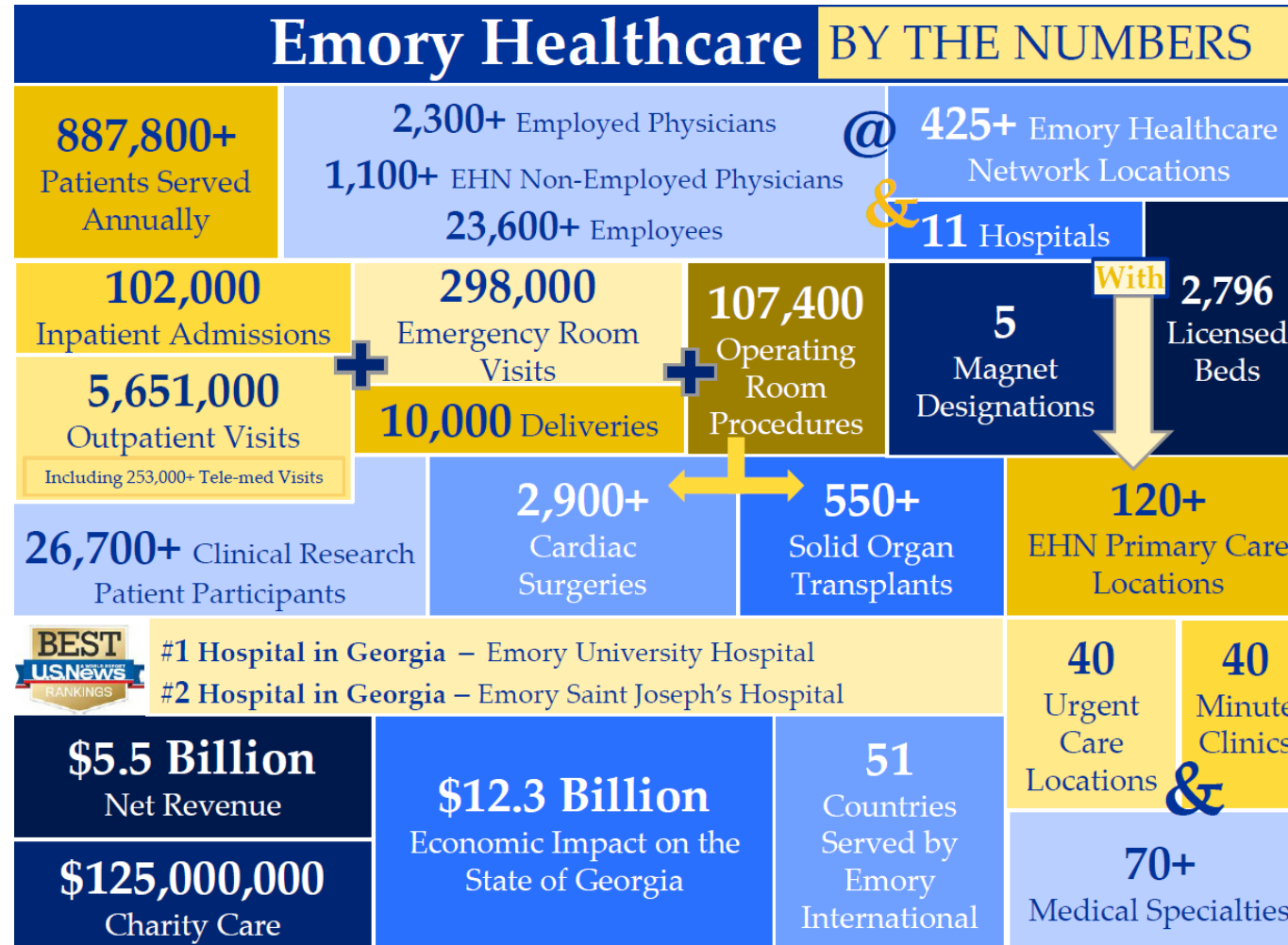
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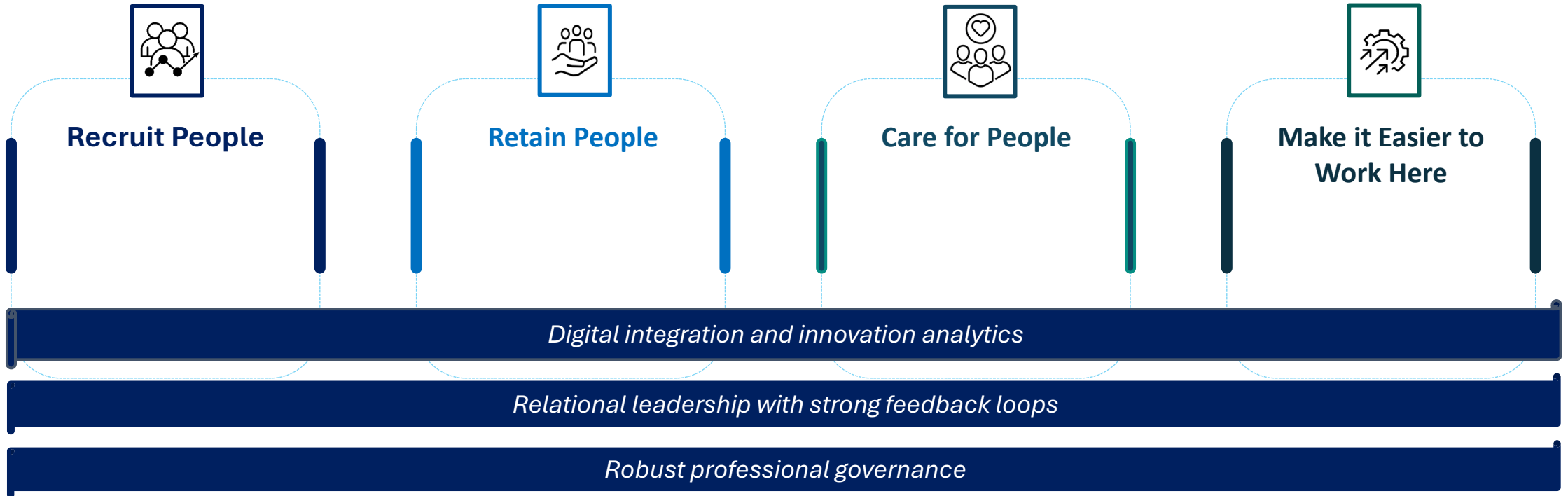
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# Who we are



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# EHC Nursing Priorities: 2024 and Beyond



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# Nursing Care Model Delivery Innovation

Turnover rate in 2021 was at all time high in acute care units

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Focus: Make acute care nursing 'sexy' again

Multiple care delivery models trialed with limited success

Acute care virtual nursing was determined to be priority

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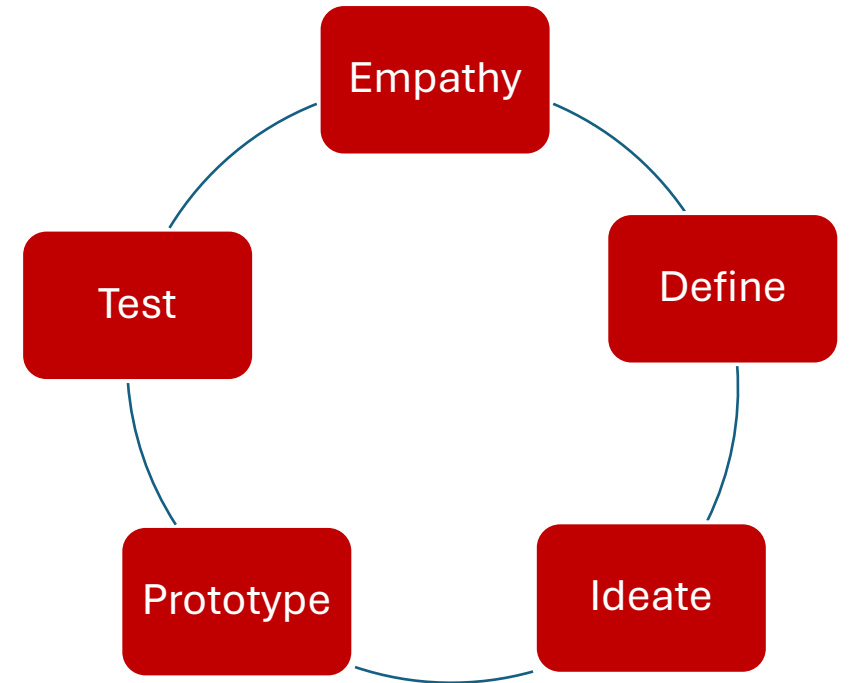
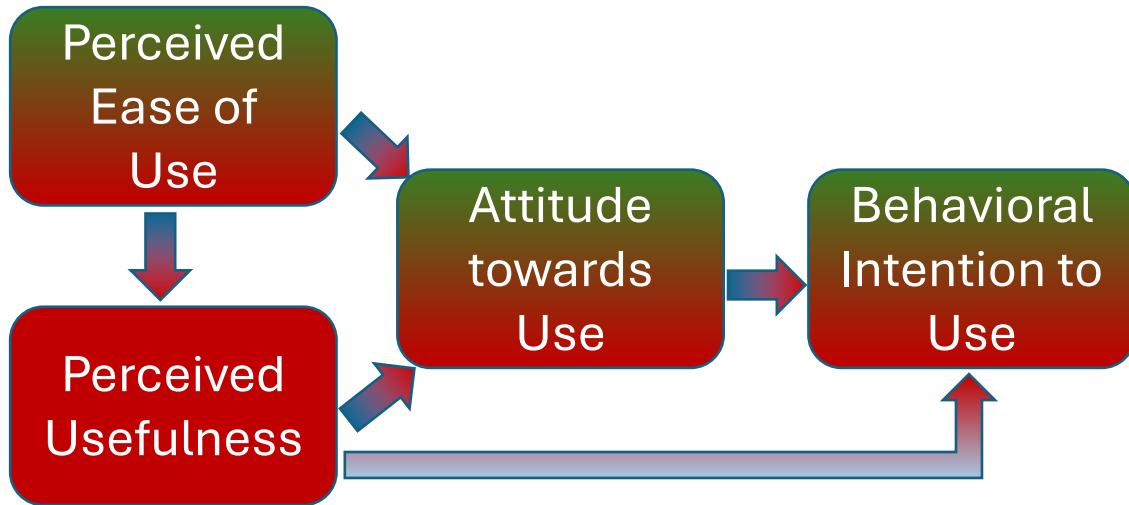
## Key considerations

- Reduce nurse workload and burden
- Enhance patient experience
- Financial ROI was not primary focus

## Organizational Change Management

- Determining key stakeholders
- Strengthening collaborations between teams
- Engaging local nursing professional governance
- Building leadership excitement

# Thinking Outside the Box



Technology Acceptance Model  
**Establishing Trust**

Human Centered-Design  
**Nurse Voice Matters**

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# Acute Care Virtual Nurse Pilot Results

- Goal: Improve nurse workload

	Sept n=18	Oct n=26	Nov* n=11	Dec n=29	Jan n=16
<b>Mental</b>	5.2	5.6	6	5.4	5
<b>Temporal</b>	4.7	5.2	5.18	5.1	4.7
<b>Performance (inverse)</b>	<b>5.4</b>	<b>4.25</b>	<b>4.18</b>	<b>3.8</b>	<b>3.3</b>
<b>Effort</b>	5.2	5.2	5.8	5.1	4.8
<b>Frustration</b>	4	4.29	4.6	3.6	4

**NASA-TLX** is a tool that measures the perceived workload while performing a task. Our voluntary survey had nurses fill it out focusing on use of the virtual platform with the task being the nursing shift.

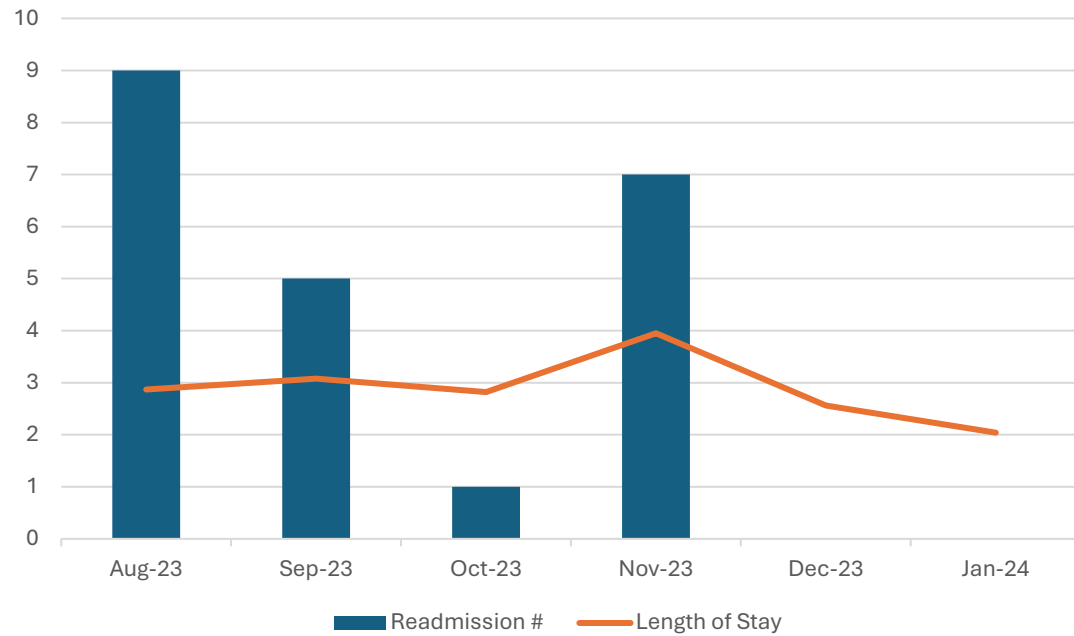
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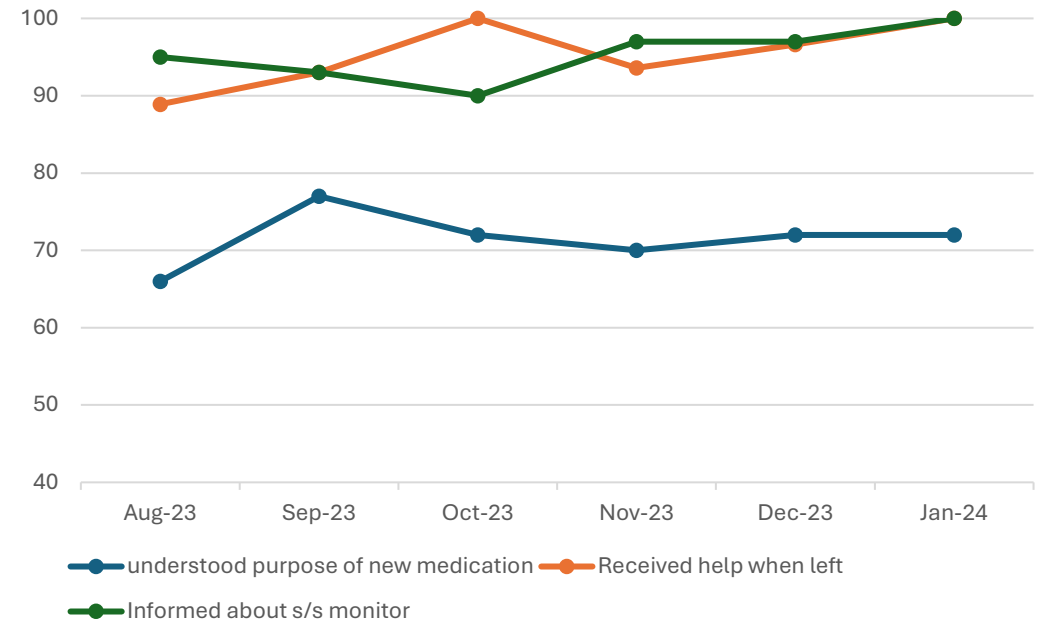
# Acute Care Virtual Nurse Pilot Results



### Virtual Nursing Readmission and LOS



### Patient Experience: Press Ganey Reponses



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# Lessons Learned

---

Importance of including human-centered design

---

Consider negative impact of shifting cognitive burden to the virtual nurse

---

Role delineation

---

Development of trust

---

Initial success of virtual nursing is not dependent on fully integrated tech

REFLECTION

# Key Takeaways



START WITH ONE IDEA AND ALLOW FOR AGILE OPTIMIZATION

THE NURSING VOICE IS KEY

COLLABORATION WITH TECHNOLOGY AND NURSING

LEADERSHIP ATTENTION AND SUPPORT IS KEY FOR GROWTH AND SCALE

LiDAR and bidirectional audiovisual platform  
August 2024

Connection with ambulatory to enable improved continuum of care

Expansion to 2000 beds FY26

Expansion to 8 early adopter units with 200 cameras  
November 2024

Expansion to 1000 beds Q2 FY25

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Questions?

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# Your Network in Action!

## The Nurse Manager Role

*There is a need for both contemporary and future-focused nurse manager preparation, including succession planning for the CNO of tomorrow!*

Built on a trusted foundation of nurse residency, the Vizient Nurse Manager Fellowship Program offers a differentiated experience to equip individuals, elevate the role of the nurse manager, and enable improved organizational outcomes.

### CURRENT STATE

- Rapidly evolving
- Directly impacts outcomes
- High turnover, often due to lack of preparation

### FUTURE STATE

- Nimble and adaptable
- Driving positive outcomes at top of skill and license
- Supply exceeds demand – nurse manager pipeline

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