

FORGING A FUTURE FOR NURSING

A System's Nurse Executives Collaborate To Create a Strategic Plan

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For more than a decade, senior nursing managers from institutions affiliated with the Sisters of Providence Health System, Seattle, have convened under the auspices of the system office. A 1981 charter established the Nurse Executives' Council (NEC) to develop a long-range plan to maximize productivity, improve nursing quality, and enhance the effectiveness of patient care.

However, as we entered the new decade, Sisters of Providence Health System's former President and Chief Executive Officer Donald A. Brennan (who recently became a member of the Washington State Health Services Commission) challenged the nurse executives to find areas of mutual concern and to develop a strategic direction for nursing that promotes improved information sharing while minimizing fragmentation and duplication of effort among the institutions.

A VALUABLE RESOURCE

From its inception the NEC had proved a valuable resource to the 32 nursing leaders who come

together biennially to share ideas and experiences pertinent to the delivery of patient care. Council members represent 25 organizations within two provinces of the Sisters of Providence: the Sisters of Providence Health System (covering Alaska, Washington, Oregon, and California) and the Providence Services Corporation (covering eastern Washington, Idaho, and Montana). Members of the two organizations include large urban hospitals, rural community hospitals, and skilled nursing facilities.

In addition to the CEO's challenge, several factors convinced the council of the need to rethink its goals and agenda. Although the group's bylaws provided some guidance for council function, the nurse executives had found it difficult to coalesce around patient care issues or to develop recommendations for adoption by the entire system, given differences in size, geography, programs, and services. Moreover, the system culture had previously promoted organizational autonomy, at times resulting in more competition than collaboration among the institu-

Summary

In early 1991 the Nurse Executives' Council (NEC) of the Seattle-based Sisters of Providence Health System completed a survey assessing the effectiveness of patient care delivery processes and gauging the extent to which nurses participate in planning programs and services. Later that spring the NEC reviewed the survey and made a preliminary identification of nursing strategic issues. To complement this internal survey, in fall 1991 the council was given an overview of the external environment as it relates to nursing.

The council also formed three committees—Strategic Planning/Bylaws, Human Resources, and Productivity—to address concerns that surfaced in

the internal assessment survey process and to help design a document outlining the council's strategic plan for system nurses. After working with the NEC liaison, the Strategic Planning/Bylaws Committee drafted a plan for review by NEC members before submitting it for approval by appropriate bodies within the organization.

The final plan, unveiled at the fall 1992 NEC meeting, identifies four key strategic issues for nursing, including the need to:

- Develop nursing leadership
- Maximize human resources
- Coordinate client and patient care over a continuum of healthcare services
- Demonstrate fiscal stewardship

tions. Finally, the states in which Sisters of Providence institutions operate were beginning to work toward the enactment of health-care reform legislation, which suggested likely changes in nursing practice in acute and other settings.

STRATEGIC PLANNING PROCESS

Preliminary Identification of Nursing Strategic Issues

The year following the president's address, the NEC completed an internal assessment survey to acquire baseline data regarding patient care practices. The survey asked nurse executives to assess the effectiveness of the patient care delivery model used at their respective organizations. It also provided a basis for later identification of strategic issues. Respondents were also asked to indicate the extent to which nurses participate in planning programs and services. Later that spring, the council reviewed the survey findings and identified preliminary nursing strategic issues. To complement this internal survey, at the fall 1991 meeting the group was given an overview of the external environment as it relates to nursing. Several key themes emerged:

- Healthcare reform will place greater emphasis on preventive and primary healthcare services; given the shortage of primary care physicians, advanced nursing professionals will probably be called on to fill service gaps.

- Community needs assessment processes allow nurses, with others, to target and address unmet needs in their communities; increasingly, health-care will be offered in subacute care settings.

- A more pluralistic society will challenge nurses to manage a culturally diverse work force; moreover, nurses will need to develop "leadership for tomorrow" strategies, which include a greater representation of minorities.

- Nurses will need to better demonstrate their contributions to cost and quality outcomes.

- Healthcare reform will probably lead to some form of rationing, and improved mechanisms will be needed for nurses to resolve ambiguities about their roles and responsibilities as they relate to clinical or policy-driven ethical dilemmas.

Meeting participants also decided to form three committees—the Strategic Planning/Bylaws Committee, the Human Resources Committee, and the Productivity Committee—to address the

Nurses need to better demonstrate their contributions to cost and quality.

principal areas of concern that had surfaced through the internal assessment survey process. Committee members were asked to help design *Strategic Directions for Nursing* (the plan's official title) to support the system strategic plan update that was under way.

A number of issues in the system's human resources strategic plan were of interest to the nurse executives. These included the need to:

- Develop and implement innovative recruitment strategies for nurses and other health professionals in short supply
- Coordinate the sharing of institutional experiences in developing innovative staffing models
- Evaluate the feasibility of registry pools for nurses and other health professionals
- Evaluate the system's performance in terms of hiring and promotion of women and minorities in management and nontraditional positions

A Philosophy of Nursing The fall 1991 meeting also motivated council members to articulate a philosophy of nursing that clarified nurse executives' responsibility for participating in efforts to shape policy relative to patient care delivery (see **Box**).

Refinement of Strategic Issues, Goals, and Strategies The Strategic Planning/Bylaws Committee held principal responsibility for drafting the plan document. Committee members were from four states, representing acute and long-term care facilities. They met with the director of corporate planning to ensure congruence with the system strategic plan, reviewed relevant documents, and identified four strategic issues for presentation at the 1992 spring council meeting.

NEC PHILOSOPHY STATEMENT

The Nurse Executives' Council is accountable for assuming a strong leadership role in the implementation of an interdisciplinary approach to provide quality, cost-effective, patient care services. In light of the need for health care reform, the systems used to provide direct patient care will require analysis, collaborative decision-making and proactive change. Therefore it is vital that nursing be an integral part of system and institution decision-making processes to ensure that the desired outcomes of care are accomplished in accordance with the mission and values of the Sisters of Providence.

The Strategic Planning/Bylaws Committee presented an overview of the process undertaken to arrive at the draft set of strategic issues. The council offered input on each of the issues, and made goal and strategy recommendations. An ongoing challenge was to ensure the planning was sufficiently participatory to represent the consensus of the nurse executives, while allowing the process to progress quickly. It was also important to ensure that initiatives from the strategic directions were in keeping with the system's overall aims.

The Strategic Planning/Bylaws Committee then refined a final draft of the plan for preview and comments by council members before submission for approval by the appropriate bodies within the corporation. It was also agreed that the internal assessment survey, first completed in 1991, should be repeated, with some modifications, to allow for data comparisons over time.

NURSING STRATEGY AND SYSTEM VISION

- I. **System Vision Area:** Leading in changing times
Nursing Strategic Issue: Develop nursing leadership
 Prepare current and future nursing leaders who can interpret trends, influence decisions, advocate for the effective implementation of healthcare reform, and ensure that clinical decisions regarding patient care are carried out within an ethical framework. Promote an improved understanding of the nursing function and advance the image of nursing throughout the system.
- II. **System Vision Area:** Commitment to people
Nursing Strategic Issue: Maximize human resources
 Empower employees to actively participate in the creation of quality lives for themselves and the people they serve. Work closely with institution and system human resource experts to share key staff with institutions throughout the system, while striving to achieve true appreciation for cultural diversity.
- III. **System Vision Area:** Building comprehensive care systems
Nursing Strategic Issue: Coordinate client and patient care over a continuum of health care services
 Collaborate in the development of patient care delivery systems. Seek ways to standardize or regionalize patient care policies, procedures, and protocols. Recommend the significant findings of the Robert Wood Johnson/Pew Charitable Trusts grant for broad implementation. Expand active nursing support for the system Social Accountability Program.
- IV. **System Vision Area:** Managing for effective stewardship
Nursing Strategic Issue: Demonstrate fiscal stewardship
 Position nursing to coordinate the delivery of care within a managed care environment. Determine the feasibility and benefits of establishing regional or systemwide productivity standards; provide input to strategic planning for information systems. Continuously evaluate and benchmark innovative patient care models.

A BASIS FOR COLLABORATION

In addition to disseminating the draft version of the nursing strategic plan to the NEC, the committee shared the document with human resource administrators throughout the system. This attempt at cross-fertilization led to a joint meeting of the two groups in the fall of 1992, where the key themes of the strategic plans of both groups were presented and discussed.

The meeting of the nursing and human resource administrators provided the basis for a joint action plan to achieve greater program standardization and resource sharing across the system, thereby reducing costs. A valuable by-product of the meeting and follow-up work has been an enhanced sense of collegiality and appreciation of issues of mutual concern to nurses and human resource administrators.

The unveiling of the strategic issues at the fall 1992 council meeting revealed a clear congruence with select system vision areas (see **Box**).

IMPLEMENTATION

The nursing strategic initiatives are ambitious but will provide a resource for the nurse executives who, in the wake of healthcare reform, will be challenged to aid their organizations in the formation of integrated healthcare delivery systems.

The implementation plan was finalized this past fall, but already work had begun earlier in the year at the system level to realize the intent of various initiatives. For example:

- Sr. Diana Bader, OP, vice president for mission leadership and former senior associate for leadership development and clinical ethics with the Catholic Health Association, convened a Nursing Leadership Development Design Committee to propose training programs that prepare nurse managers and staff nurses for leadership responsibilities.

- Nurse executives and human resource representatives formed a task force that developed a training needs assessment survey to anticipate training needs throughout the system over the next two years. Because career development programs will necessarily take new forms, experts within the system will be recognized as potential itinerant trainers, ideally reducing consulting costs.

- Nurse executives in Oregon became involved in integrated healthcare delivery planning and made substantial recommendations as to the design of the patient electronic medical record to be shared by the three Portland-area Sisters of Providence hospitals.

In addition to these activities, nurse executives are now members of most of the key decision-making bodies throughout the system. More-

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RATIONING

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resource allocation decisions near the end of life. To overcome such resistance, those advocating a formal healthcare rationing policy must define a basic package of benefits to which everyone is guaranteed access. They must also encourage a change in the mind-set of Americans who, perhaps more than any other nationality, have come to view death as optional.

Finally, advocates must convince participants in the rationing debate of the importance of applying ethical principles in determining how best to distribute healthcare services. Admittedly, the use of these principles does not ensure the process will be smooth. Nonetheless, unless the inequitable rationing that exists today is acknowledged and an explicit rationing policy is enacted, there is little hope that an acceptable resolution will be identified. □

NOTES

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11. P. Werhane, "The Ethics of Health Care as a Business," *Business and Professional Ethics Journal*, Fall-Winter 1990, pp. 7-8.
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over, in completing the strategic planning process, the nurse executives have come to better know and understand the system, as well as the concerns and issues of their colleagues. The group has come a long way toward moving beyond preferences to find areas of mutuality and improved information sharing.

CHALLENGE OF REFORM

Perhaps the most critical task for nurse executives in the coming years will be to meet the challenges posed by ongoing reform initiatives. Most of the institutions belonging to the Sisters of Providence Health System are located in states where healthcare reform legislation has already passed. In April 1993 the Washington State legislature enacted a comprehensive healthcare reform bill designed to ensure access to nearly 700,000 uninsured residents. Oregon has also received a waiver to expand its basic benefits package for persons eligible for Medicaid.

During their fall 1993 meeting, the nurse executives reaffirmed their resolve to better define nurses' role in creating integrated care delivery systems. Council members from each state within the system and from all nursing specialties remain committed to coming together to discuss ways to improve the efficiency of the care-giving process and enhance the health status of the communities they serve.

The nurse executives have made this commitment with the clear understanding that implementing *Strategic Directions for Nursing* will be a challenge. They know they must work with limited resources, not the least of which is time. They must also cope with the pace of change within the system and the healthcare industry in general, which will require them to regularly reassess and modify their assumptions and to clarify new issues that arise as a result of reform.

But despite the need to adapt and modify implementation strategies, the NEC's vision for the future remains clear. □

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Next Issue of

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TRUSTEES' CHANGING ROLE

With healthcare reform, integrated delivery, rapid changes in technology, and increasing diversity in our culture and work force, board members of Catholic hospitals are taking radically different approaches to their jobs. Today's trustees must be better informed and more involved in strategic visioning than in the past. In May's special section, trustees relate how they are being challenged by rapid changes in healthcare and what organizations can do to prepare their board members to cope with these new realities.

COMMUNITY BENEFITS

A follow-up section to the January-February Health Progress will describe five additional approaches to meeting the community's needs: a system's community benefit services policy, a network of inner-city clinics, an in-home parent education and support project, a program for troubled adolescents, and a collaborative effort to provide flu vaccinations.