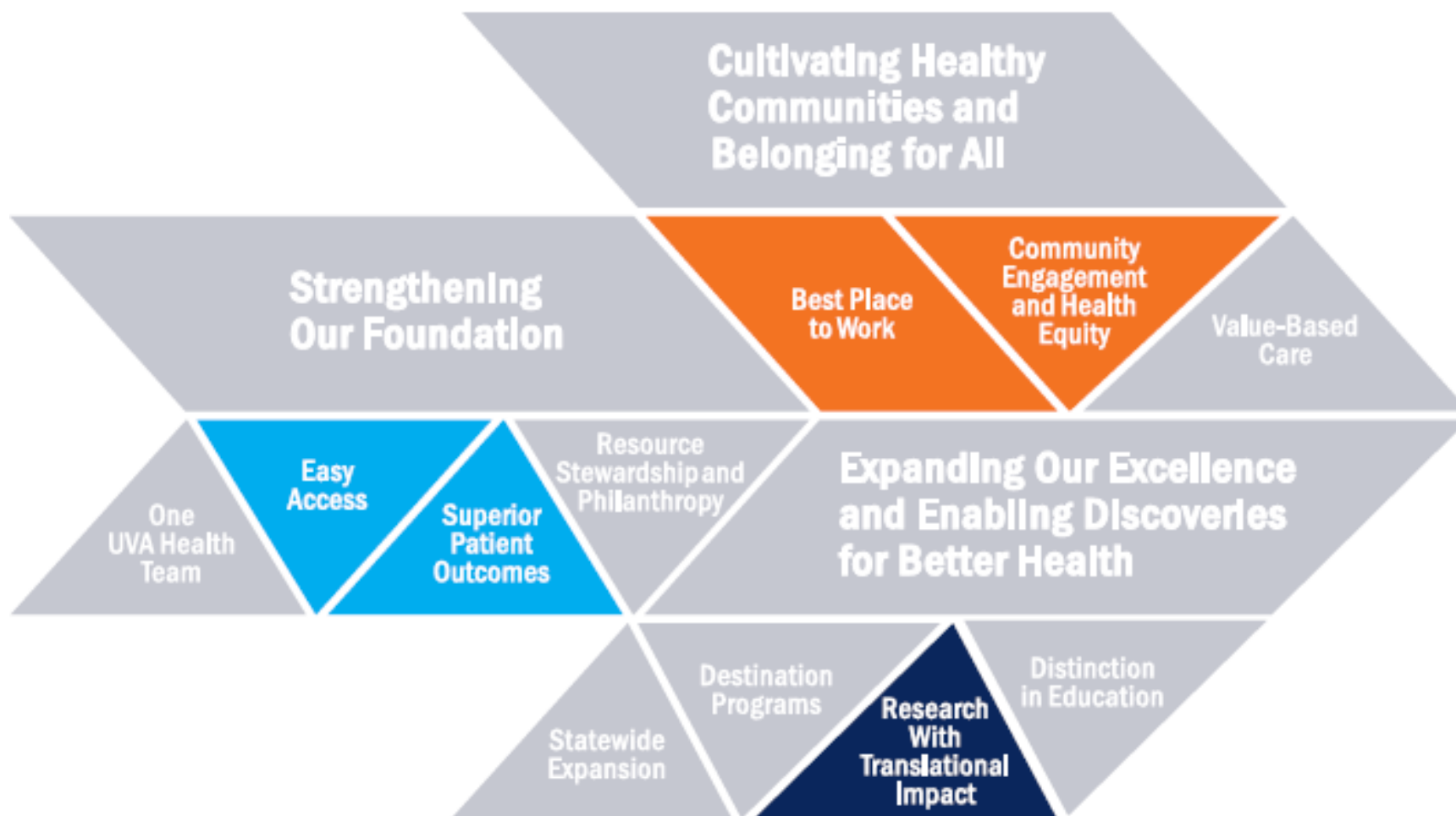


UVA Health University Medical Center January 2025- June 30, 2026 Nursing Strategic Contributions and Outcomes

Colors indicate where Nursing strategically contributes as detailed within this Nursing Strategic Plan.



CULTIVATING HEALTHY COMMUNITIES AND BELONGING FOR ALL

Nursing Key Activities	Owner/Leader	Outcomes/Ongoing Work
Evaluate and optimize content and participation in Nurse Leadership Development (NLD) Curriculum to support strong leader transition to practice. - Participation- Mgt. Comm - Curriculum Dev- NPDS	NPGO Management Committee/ NPDS	- Completed TSAM Workbook and Tiered Competencies for nurse leaders - Revise NLD Curriculum based on Press Ganey content updates, Learning Needs Assessment and leader input. 80 participants completed one of four offerings of the Press Ganey Leadership Development course earning 23 contact hours - Participants included Nurse Managers 13%, Assistant Nurse Managers 15%, Nurse Directors 4%, Charge Nurse 28% Other 15%
Establish Nursing Advocacy Initiative to support direct care and nurse leaders in health promotion in external forums. Focus areas: - Maternal Health - Healthcare Workforce Programs including Earn While you Learn	CNO/NPGO Cabinet	Transitioned Nursing Advocacy Coordinator to Government Relations department to support ongoing growth/expansion with aligned resources. 53 trained nurse ambassadors as of 30 Jun 2026 - Held two training sessions in Jan-Jun 2026 - Updated training sessions to include 1.75 CEs - Jan 2026 Advocacy Day: 23 nurse ambassador participants, divided into three groups that met with nine legislators (total), introduced to the House of Delegates by Del. Katrina Callsen - Hosted a policy discussion for nurse ambassadors (roughly 45 attendees) to hear dissemination of 2026 regular state legislative session from Pamela Sirota, UVA Health Legislative Coordinator - Received formal commendation (HR126) for professional advocacy that advances health care and the nursing profession across the Commonwealth from Del. Amy Laufer - Advocated on behalf of HR425. Bill was later passed by the General Assembly, signed into law, funded, and will be enacted in 2027.
Establish membership and regular cadence of meetings for Clinical Excellence Advisory.	CNO	- Membership expanded. Weekly meeting cadence established. - Strategic focus on Medication Safety, Nursing Competency structure and process, Pain Management, Cardiac Monitoring, and Joint Commission level patient safety readiness.
Optimize clinical excellence model of clear role delineation in each practice setting. Conduct ongoing inventory of clinical nurse, APRN, and nurse leader participation within all relevant organization inter-professional governance committees to ensure nursing input to organizational decision making.	Clinical Excellence Advisory	- Established NPG Committee composition standards for balanced inclusion of Nurse Leaders and Clinical nurses for Regional Practice Committees and new Central Committee. - Operationalized the Ambulatory Role Delineation (ARD) framework, expanding beyond nursing roles in FY26 to include Social Work, Orthopedic, Athletic Trainers, Dialysis Technicians. - Strengthened the ambulatory clinical excellence infrastructure through creation of the Ambulatory ACNO and Director of Clinical Excellence roles and alignment of Ambulatory CNLs for a coordinated leadership structure for cross-continuum alignment. - Professional nursing committee standard for ≥51% of members in direct care clinical nursing roles

Nursing Key Activities	Owner/Leader	Outcomes/Ongoing Work
Conduct Nursing Professional Governance evaluation using the Verran Professional Governance Scale.	CNO/NPGO Cabinet	- Survey completed July 2025 - Results disseminated. - Action plan to increase formal nurse leader partnership within the professional governance model developed. New structure, process, and committee membership launch with FY 27.
Conduct local Practice Environment Assessments to identify local strengths/Areas for Work to support local NPG committee focus and goal setting.	NPGO Cabinet/Clinical Excellence Advisory	74 completed responses including representation from all regions. - Directors received results from respective areas - Results presented to NPGO Cabinet and Clinical Excellence Advisory
Ensure organizational preparation for Magnet site visit through: - Individual team prep sessions/mock interviews - Dedicated webpage of preparation resources - Organization wide communication plan Achieve ANCC Magnet Recognition®	CNO/ Magnet Steering	- Successful site 4 day visit February 2025 ANCC Magnet Recognition® Re-designation notification May 2025
Conduct “Journey Mapping” in collaboration with UVA SON to identify risks for retention of nurses in years 2 and 3 of practice	CNO/NPDS	Compassionate Care Initiative leader, Dr. Lili Powell, disseminated outcomes of “Journey Mapping for the Nurse Residency Experience” Protocol #: 7141 to NPDP committee. Key areas of vulnerability identified. The strongest indicator of new graduate success was the unit’s healthy work environment and culture.
Fully implement Tiered Skills Acquisition Model (TSAM)	NPDS/NEC Committee	- Chartered the TSAM Accountability Team and working teams with ≥168 people contributing. 5 Workgroups (including the roles of NPDS, NPDP, CNS, CNL, Clinical Nurses, Nurse Leaders, Nurse Informaticists) conducted four phases of work. - TSAM Preparation workbooks created inventory of current curriculum, preceptors, resources and gaps- 100% of practice areas completed. Cross walking local information in workbook to TSAM statements completed- 100%. Preceptor program evaluation and planning for TSAM completed. - Two units piloted TSAM with new hires and preceptors tested educational materials and framework which informed updated organizational training for all preceptors. - Preceptors and nurse leaders completed the TSAM and Kahuna Training Modules. - Organizational programming for preceptor development revised to include valid and reliable selection tool, asynchronous basic education, and applied essentials course with in-person and virtual offerings.
Conduct process improvement work using HEART Insights mobile application.	Office of the CNO	Pilot of novel app-based technology used to enhance unit leader and team member communication completed

Ongoing regulatory readiness gap analysis including training needs for: • Onboarding • Annual/ongoing • Specialty programs	Nursing Excellence Advisory, Nursing Governance Programs/ NPDS/ Accreditation Team	• Established inventory of regulatory, policy, and safety standards that drive nurse training, education and competency requirements. • Ongoing/current gap analysis • Teams site built for leader resources for survey/safety readiness
Implement 12-month topical guide for use in local NPG committees to feature patient safety/regulatory, team engagement, and committee objectives.	Nursing Governance Programs/ Accreditation Team/ Nurse Managers	• 12-month org-level relevant topics distributed via monthly chair note to managers/chairs
Evaluate NPGO Clinical Practice Committee agenda intake improvements and agenda optimization	NPGO Cabinet	• Email created “NPGOCPC @uvahealth.org” to escalate issues. Chairs & Coaches have access to shared mailbox; usage of this outreach tool increased greatly in 2025 • Expanded 2-hour In-Person Workshops held – Jan, Jun, Sept, Dec. • Review of clinical practice guidelines and education materials for Healthcare Acquired Condition reduction: Indwelling Urinary Catheter (IUC) Insertion and Maintenance Guideline; IV Bag & Tubing Hang/Change Times; Pressure Injury Prevention and Management Guideline; Pressure Injury Prevention and Management: Padding Medical Devices Education • Review and support for Pain Collaborative work to improve patient safety and pain management • Review and support for Cardiac Monitoring Collaborative to standardize required nursing competency and documentation expectations • Evaluation of Intrahospital safe patient transport current state

Nursing Key Activities	Owner/Leader	Outcomes/Ongoing Work																				
Evaluate clinical informatics decision making and structure.	NPGO Cabinet/CNO/CNIO	- Bridge structure implemented to support alignment with community hospitals, with monthly Nursing Informatics Councils. - UVA Health System Nursing leadership approved final structure which includes development of an Assistant Nurse Informaticist role.																				
Increase advancements to Clinician 3 and Clinician 4 levels by 10%. Baseline January 2025: Total CCL RNs- 2175 ☐ Clin 1: 331- 15.22% ☐ Clin 2: 1428- 65.66% ☐ Clin 3:313- 14.39% (increase by 31 RNs) ☐ Clin 4: 103- 4.74% (increase by 10 RNs)	NPGO Cabinet / NPGO CCL Committee / NPDS/ Operational Leaders	Clinical Career Ladder Roles Goal: Increase advancements to Clin3 & 4 by 10% <table><thead><tr><th>Clinician</th><th>Jan-25</th><th>Dec-25</th><th>Jun-26</th></tr></thead><tbody><tr><td>Clin 1</td><td>15.22%</td><td>15.22%</td><td>15.22%</td></tr><tr><td>Clin 2</td><td>65.66%</td><td>65.66%</td><td>65.66%</td></tr><tr><td>Clin 3</td><td>14.39%</td><td>14.39%</td><td>14.39%</td></tr><tr><td>Clin 4</td><td>4.74%</td><td>4.74%</td><td>4.74%</td></tr></tbody></table> 2026 Jan-April Cycle Statistics: Clin 3- 27/29 advanced (93% Success) Clin 4- 5/5 advanced (100% Success) Total:32/34 (94% Success)	Clinician	Jan-25	Dec-25	Jun-26	Clin 1	15.22%	15.22%	15.22%	Clin 2	65.66%	65.66%	65.66%	Clin 3	14.39%	14.39%	14.39%	Clin 4	4.74%	4.74%	4.74%
Clinician	Jan-25	Dec-25	Jun-26																			
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Clin 4	4.74%	4.74%	4.74%																			
Maintain greater than 80% BSN and above prepared nursing workforce	NPGO Cabinet/NPGO Professional Development Committee	- FY25 outcome: 82% BSN and above - FY26 outcome: 82% BSN and above																				
Maintain 51% professional board certification of Registered Nurses	NPGO Cabinet/NPGO Professional Development Committee	- NOTE- Increased hiring resulted in larger denominator. Despite net increase in certified nurses, %'s do not reflect goal achievement. - FY25 Outcome: 47.81% RNs Certified - FY26 Goal: 48.5%; Outcome: 47.24% (Increase in certified RNs, but significant increase in eligible RNs) - Quarterly events: - Cert Champion Boot Camps - Cert Champion Meetings - Virtual Q&A Sessions - Rounding to departments with info - Annual bonus and gift - Additional pre-pay voucher programs added																				

Promote Nurse Leader professional board certification in nursing leadership to achieve 90% of all eligible nurse leaders. - Evaluate certification achievement of nurses who attended the ANCC NE/NEA-BC Certification review course - Offer Scientific Series with Marian Altman from AACN	NPGO Management Committee/ NPDS	NPGO Management committee conducted data analysis to better identify eligible denominator. Calculated current leaders certified in leadership at 19.9%. 2025 Review Course analysis- 8 of 36 participants obtained certification. Limited impact led to decision to not request an additional review course in 2026. Committee conducted vote on incremental FY27 Goal: 30% and will implement supports to promote: - Survey of leaders to identify success strategies from certified leaders and resource needs from those seeking certification (sent June 2, 2026) - Information about each of the 4 certifications will be presented by nurse leaders that have achieved that certification in key leadership venues between June and October 2026. - Drop-in sessions for nurse leaders to highlight resources between July-September No action taken on Scientific Series- committee assessment: limited capacity/impact at this time.
Expand/Optimize entry and advanced level Earn While You Learn programs	Director, Earn While You Learn Programs	Workforce Development 1,065 participants enrolled in EWYL programs since program inception. - Of those participants, 965 community members entered healthcare careers through EWYL entry-level programs. - Seven entry-level career pathways - Certified Medical Assistant - Patient Care Technician - Emergency Medical Technician - Phlebotomy - Access Associate - Sterile Processing - Specimen Management Technician Program Success (4 years) 81% overall program completion rate. 93% national certification pass rate. 84% 12-month retention. 93% 24-month retention. Nursing Pipeline (2 years) 18 RN program graduates. 43 current EWYL RN participants 23 additional participants joining Fall 2026 33 RN participants planned to graduate in FY27 30% of RN program participants began their healthcare careers in an EWYL entry-level program, demonstrating the effectiveness of the internal career pathway model

FY26 Performance Measures

Measure	FY26 Result
Participants Enrolled	308
Program Completion Rate	82%
Certification Rate	99%

EWYL has optimized participant success and career progression, demonstrating that investment in entry-level workforce development directly contributes to the future nursing workforce. The success of EWYL is reflected not only in workforce outcomes but also in the recognition of its participants, partnerships, and innovative approach to workforce development.

Program Recognition

- Excellence in Education for Future Ready Workforce Award: 2026 New Horizons Conference, Virginia Community College Systems. PVCC and EWYL
- Outstanding College/Corporate Partnership 2026 Finalist: American Association of Community Colleges. PVCC and EWYL
- Acting US Secretary of Labor, Keith Sonderling visited UVA's EWYL program, June 2026, to explore the programs potential as a model for expanding healthcare careers

Employee Recognition

- Licensed Practical Nurse of the Year: Nicole Maupin (EWYL graduate)
- December 2025 Employee of the Month: AJ Milligan (EWYL graduate)
- 33% of the NPGO Nursing Assistant award nominees were EWYL graduates

STRENGTHENING OUR FOUNDATION

Nursing Key Activities	Owner/Leader	Outcomes/Ongoing Work
Integrate Staffing Scheduling within NPG Structure and implement strategies based on the VHHA Framework	NPGO Cabinet/ Nursing Workforce Center	- Approved by NPGO annual vote to establish as a central committee, ratified in NPGO Bylaws - Nurse Scheduling Committee Operational Guideline revised to align with the VHHA/VNA Toolkit for committees
Expand workforce analytics to support growth and automation of programs throughout inpatient nursing and create consistency for budgeting and staffing analytics.	Nursing Workforce Center	Workforce analytics has been fully implemented for Adult Inpatient Nursing and is actively used to monitor staffing projections, analyze coverage needs, and support strategic staffing decisions. The analytics platform is a model for staffing analysis and is relied upon to support position reviews and approvals, providing leaders with a clear and consistent view of staffing needs. These tools help balance staffing gaps through permanent team members picking up additional shifts, overtime, incentives, and traveler resources. Expansion of workforce analytics is currently underway for Women's and Children's services, with the Main Emergency Department planned as the next phase.
Update workforce benchmarking tools through: - Vizient - NDNQI	Nursing Workforce Center	Vizient benchmarking data is maintained and reviewed regularly to inform staffing, productivity, and budgeting discussions. NDNQI data display on dashboards remains progress with Data Science team.
Transition to UKG Kronos Pro	Nursing Workforce Center	Significant work has been completed by the Workforce Team in collaboration with the Kronos Team to guide the UKG Pro build and ensure it supports current staffing and scheduling needs while positioning the organization for future workforce goals. While project challenges have resulted in a revised go-live timeline of early 2027, work continues to ensure successful implementation. Current efforts are focused on delivering a fully functional system with comparable capabilities to the existing platform, with additional optimization opportunities planned following go live.
Complete RFP for Kronos Optimization software and collaborate with NPDS to ensure compatibility with competency tracking	Nursing Workforce Center/NPDS	The RFP process for Kronos optimization was initiated and key evaluation steps were completed. With the transition to UKG Pro underway, the RFP has been paused while the team assesses the functionality and optimization capabilities that will be available within the new system.
Implement Staffing and Scheduling Support Positions and Nursing Scheduling Coordinator role	Nursing Workforce Center	Two Staffing and Scheduling Coordinators have been hired to oversee key staffing and scheduling processes in the SRO and provide additional support to operational leaders. These roles support workforce operations, scheduling processes, and staffing coordination, helping to improve consistency, efficiency, and operational support for nursing leaders. The Workforce Team continues to evaluate future workforce needs, staffing models, and support structures to ensure the organization is positioned to meet evolving operational demands.

Nursing Key Activities	Owner/Leader	Outcomes/Ongoing Work
Expand our workforce programs to support traveler reduction and staffing demands. - Recruit 75 RN Extern - EWYL for assistive personnel - Passport International RN program - Recruit 20 Canadian nurses - Tiered SRO model to meet flexible staffing demands - Maintain Internal Traveler for inpatient teams (additional 50 by 3/31) - Establish benefited internal traveler program to support 13- week assignments - Continue virtual nursing pilot: 3 West - Pilot EMT model for monitored transport - Pilot Behavioral Specialists - Hire 400+ New Graduate nurses	Nursing Workforce Center/ Nurse Scheduling Committee/ CIT team	Nurse Extern Program was robustly supported. For the FY 26 externship: 95 externs hired 73% applied to UVAH for Clin 1 position (68/95) 82% accepted Clin 1 positions (57/68) 40% auto offered to unit where externship was done (23/57) Applicants for FY 27 Nurse Extern program ranged from local and regional schools of nursing and across the nation. The Tiered Incentive model was implemented to support flexible staffing but was later sunset due to limited recruitment and participation. The Internal Traveler program has continued to be highly effective over the past several years and is now primarily utilized to support areas with sustained high vacancy. A benefited internal traveler program was not implemented, as strong success in recruiting permanent RNs reduced the need for this approach. Budgeted positions have been secured in the FY27 budget to support implementation of the EMT model for monitored transport. FY 26 NRP outcomes: 274 Nurse Residents hired, 115 NRP classes facilitated, 92% 12-month retention. - Achieved re-accreditation in Fall 2025. UVA Health Nurse Residency Program is accredited with distinction as a Practice Transition Program by the American Nurses Credentialing Center's Commission of Accreditation in Practice Transition Programs.
Evaluate current and explore ambulatory nursing staffing models.	Office of the CNO/Ambulatory Leadership	- Continued ARD to create a more consistent framework for aligning nursing resources with patient, population, and specialty needs. - Advanced development of risk- and population-based ambulatory nursing models, including RN Care Coordinator panel sizing, RN Navigator deployment, centralized telephone triage, and specialty-specific nursing support rather than relying on a single, static clinic staffing methodology. - Achieved Ambulatory RN turnover rate = 11% demonstrating substantial improvement in workforce stability following implementation of the redesigned ambulatory nursing practice model. - Continued partnership with Data Analytics team for development of ambulatory staffing benchmarks and data infrastructure to support evidence-informed workforce planning.

Transition all CNAs to PCTs	Clinical Excellence Advisory/NPDS	All previous CNAs, EMTs, Medics, Surg Techs, OB Techs, will convert to PCTs. 608 existing employees will transition to PCT on July 5 th , 2026. A new job description has been created. 39 existing PCTs have PCT certification. 122 of the 608 have been through NPDS PCT Training prior to July 5, 2026. The new PCT Training starts on July 9, 2026
Expand CNL Hiring	Karin Skeen/Kelly Walsh	- Expanded and strengthened the Ambulatory CNL model via centralized leadership via the Director of Clinical Excellence while maintaining strong alignment with the Office of EBP - Expanded CNL involvement in clinical outcomes, practice standardization, safety-event review, professional governance, staff engagement, and quality-improvement initiatives.
Optimize centralized RN onboarding model based on 2024 revisions	Clinical Excellence Advisory/NPDS	- Advanced standardized ambulatory RN onboarding through role- and specialty-specific competency development aligned with TSAM and Kahuna. - Implemented standardized RN telephone triage education utilizing the AACN telephone triage curriculum. - Advanced an Ambulatory nurse residency pathway to strengthen transition to practice and create an additional pipeline into sustained ambulatory nursing.
Expand weekend program	Nursing Workforce Center	The Weekend Program has been highly successful in supporting staffing stability and providing weekend flexibility across units. Work is underway to establish unit-based caps to ensure appropriate utilization of the program and maintain alignment with staffing budgets.
Optimize APP Practice Implement APP Fellowship	APP Administrator	Review the FY 26 APP Annual report for robust outcome reporting.
Achieve CLABSI rates consistently below NHSN mean through: - Implement competency validation model for clinical skills - Increase CHG treatments to >90% compliance - Decrease premature dressing changes by 50% - Increase compliance with insertion checklist to >90% - Decrease unnecessary line days as measured by decreased Standardized Utilization Rate	Nursing Excellence Advisory/Office of the CNO/ HAI APP Lead / CNLs	Daily observation and identification of patients at risk for a Central Line Associated Bloodstream Infection implemented by inpatient nursing teams. Despite comparing favorable to lagging national benchmark data, internal targets to reduce the Standardized Infection Ratio were not achieved. Competency models are variable. CHG treatments overall are performed with rare misses noted in event reviews. Risks for prevention of premature dressing changes remain an OFI. Interprofessional work to evaluate use of the port access decision algorithm identified no harm. Port CHG dressings being implemented.

Achieve CAUTI rates consistently below NHSN mean through: - Decrease unnecessary line days as measured by decreased Standardized Utilization Rate (SUR) - Improve urine culture stewardship	Nursing Excellence Advisory/Office of the CNO/ HAI APP Lead, CNLs	SIR above the national benchmarks and achieving internal targets for improvement. SUR remains below benchmark. Interprofessional work on urine culture stewardship included “ticket to test”, OPAs and order set optimization delayed for other HIT priorities.
Maintain HAPI performance better than national mean	Nursing Excellence Advisory/Office of the CNO/APP Lead / CNLs	Sustained HAPI rates below the NDNQI national mean for eight consecutive quarters while advancing multidisciplinary prevention strategies, including device-related pressure injury reduction and standardized case review.
Maintain Patient Falls with Injury performance better than national mean	Nursing Excellence Advisory/Office of the CNO/APP Lead / CNLs	Sustained falls with injury rates below the NDNQI national mean for eight consecutive quarters while continuing multidisciplinary initiatives focused on high-risk populations, mobility, and evidence-based fall prevention.
Ambulatory Quality Collaborative maturation as a system-level interdisciplinary infrastructure for improving measurable ambulatory clinical outcomes, with strong nurse leadership and engagement	Ambulatory Associate Chief Nursing Officer/Ambulatory Leaders	Brought nursing, physicians, operations, quality, analytics, and frontline clinical teams together around shared quality measures and improvement strategies. Positioned nursing as an active partner in value-based clinical outcomes rather than solely episodic visit-based care. - Advanced improvement work focused on glycemic control and blood pressure control coalitions led by RN and MD dyads, increasing transparency, clinic-level accountability, and standardized improvement approaches. Achieved operational scorecard FY26 Glycemic Control target of >80% - Advanced ambulatory Barcode Medication Administration (BCMA) implementation to extend medication-safety technology into ambulatory clinical environments. - Advanced lab label printing implementation to improve specimen identification and reduce safety risk. - Implemented a standardized, evidence-based ambulatory RN telephone triage education program utilizing the AACN curriculum. - Launched an IRB-approved RN telephone triage competency study to formally evaluate competency and effectiveness. - Launched Epic RN Triage Modules project for summer 2026 implementation to support standardized documentation, decision-making, and safer clinical workflows.
Explore Ambulatory NSI reporting/benchmarking.	NPGO Ambulatory Nursing Practice Committee and CNLs	Establishing foundational infrastructure for Ambulatory nursing-sensitive outcome measurement through the Ambulatory Nursing Practice Committee, CNL model, Ambulatory Quality Collaborative (AQC), and partnership with Data Analytics/Data Visualization
Improve nursing practice related to pain management through increased	Nursing Excellence Advisory/Office of	The Pain Management Collaborative was formed with nurses representing nearly all areas of the medical center involved in patient care.

compliance with timely assessment and reassessment following intervention.	the CNO/APP leads	- Revised policy with updated evidence based content and reflecting change to post-intervention assessment within one hour. - Created "Pain Assessment workgroup with nursing representation from all regions. - Partnered with IT to optimize Epic reporting for unit and clinical level compliance. - Created micro-learning for initial and ongoing competence. In progress: - Epic documentation improvements, streamlining and simplification - Expand pain assessment tools for patients with dementia - Precision Implementation toolkit
Evaluate and refine nursing and interprofessional governance structures for pain management oversight.	Nursing Excellence Advisory/Office of the CNO/APP leads	Interprofessional team reviewed policies and governance
Evaluate and optimize practices and process measures related to administration and monitoring of procedural sedation	Nursing Excellence Advisory/Office of the CNO/ Procedural Sedation Subcommittee/NPG O Procedural Area Practice Committee	- Updating policy to reflect best practices - Updating initial training CBL to align with policy/best practice - GYN clinic now approved sedation site (Uro clinic at Fontaine in progress) - Sedation Program Coordinator position posted to support education & training, reg. compliance across the house - Radiology hiring APP as Sedation Provider for procedures Updated unit leader education coming soon
Evaluate and optimize practices and process measures related to handoff of care	Nursing Excellence Advisory/Office of the CNO	Ongoing Two inpatient pilot units (3W and 3C) have been selected to collaborate with the Emergency Department in evaluating patient flow processes, mapping workflows, and identifying barriers and improvement opportunities. This initiative aims to ensure safe, high-quality transitions of care from the ED to adult acute inpatient units, with a target of patient arrival on the receiving unit within 60 minutes of bed readiness.
Optimize outcome-based champion structure including standardized role descriptions and communication mechanisms with outcomes resource groups (committees, coalitions, programs). Refine champion training and connection meetings	NPGO/NPDS/CNL	Late Summer- Implemented Champion Collaboratives for focused nursing practice evaluation and recommendations: Pain Medication Safety
Fully implement and optimize Social Determinants of Health (SDOH) screening.	Nursing Excellence Advisory	The SDOH screening is completed by inpatient RNs. CMS requirements changed anticipated implementation in Ambulatory Operations. Population Health has SDOH imbedded in workflows.

Optimize Nursing Operations Committee to promote inter-professional and inter-departmental collaboration to address care delivery barriers.	Office of the CNO	- Formalized the Nursing Operations Committee (NOC) to unite nursing leaders and operational partners in reviewing projects that affected nursing practice and care delivery. - Strengthened collaboration between nursing and support departments—Clinical Engineering, Facilities, Pharmacy, Supply Chain, Laboratory, PMO, and Guest Services—through routine project reviews and coordination. - Introduced early project engagement to integrate nursing expertise before planning, contracting, implementation, and go-live. - Launched a monthly multidisciplinary roundtable to increase visibility of operational initiatives, identify dependencies early, and align resources across departments. - Standardized project intake, prioritization, readiness, and go/no-go reviews to ensure safe, coordinated implementation of operational and technology initiatives. - Established a Nursing Operations liaison model to embed nursing representation in project teams and enhance communication with frontline staff. - Adopted a portfolio management approach to prioritize nursing-impacting initiatives by patient safety, regulatory needs, strategic alignment, and readiness. - Oversaw planning and implementation of system-wide initiatives affecting nursing workflows, equipment, technology, patient experience, and care delivery. - Increased organizational awareness of operational barriers, risks, education needs, and workflow impacts before deployment to strengthen patient safety and effectiveness.
Develop practice implementation toolkit to support coordinated tools for implementation of new practices and improved communication of updated/revised practices	Nursing Excellence Advisory	Tested topical guides, monthly focus areas, practice validation checklists. Work continues.
Evaluate revised processes to document, track, and monitor basic and advanced life support requirements	Nursing Excellence Advisory/ NPDS	SBAR completed in collaboration with LSLC and submitted to CNO; Kahuna Cert IQ purchased and implementation to begin Fall 2026 with go-live by January 4 th ..
Conduct RFP to select competency management IT system	Nursing Excellence Advisory/ NPDS	RFP completed; Kahuna Competency Management System purchased. Implementation began January 2026; July 20, 2026 go-live. - Build team reviewed 5,000+ Mayo competency statements 249 departments within 34 services lines required review and build

		• 426 Super Users identified; 63% attended the 24 Super User • 22 Unit Leader classes provided • Kahuna Workday modules completed • 100% of Mayo TSAM statements have been reviewed and uploaded to Kahuna • 450 UVA specific statements reviewed More than 75 interdepartmental and interdisciplinary team members contributed to the implementation!
Continue ongoing partnership with consultants and internal experts to redesign Care Management including: Qventus v/s Epic; Stabilize Care Management Staffing; ED Case Management Model; Geographic Unit; Extended Stay; Social Work Model	Office of the CNO, Monica Goldsmith	Patient populations shifted geographically across inpatient units to support optimal care coordination and management. Established Surgical Observation Unit.
Leverage APP participation in advanced care planning for patients	CNO, Director for Advanced Care Planning, Administrator Advanced Practice Providers	Review the FY 26 APP Annual report for robust outcome reporting.

EXPANDING OUR EXCELLENCE AND ENABLING DISCOVERIES FOR BETTER HEALTH		
Nursing Key Activities	Owner/Leader	Outcomes/Ongoing Work
Continue offerings of EBP boot camps. Continue EBP Academy participation, and evaluate resulting EBP projects	Nurse Scientist	2025 EBP Academy Participants: 9 2026 EBP Academy Participants: 13 2025 Academy Guided Projects: 4 3 presented as posters at EBP Symposium, 1 won the best poster award - Stop Sticking to Stick: Decreasing IV Insertion Attempts by Identifying Difficult Peripheral Access Beforehand – Podium at Virginia Society of PeriAnesthesia Nurses; Poster at Inova Nursing Research and EBP Symposium; Poster and Podium at ASPAN (voted 2nd place poster at ASPAN conference) 2026 EBP Academy Guided Projects: 4 3 presented as posters at EBP Symposium, 2 won best poster award. EBP Bootcamp to run quarterly beginning in October 2026 (three 2-hour sessions)
Continue support of individual EBP coaching	Nurse Scientist	Began tracking clinical inquiry consultations in FY 26 63 consultations FY 2026 - Supported 2 program evaluation projects for non-human subject determination IRB submission - Supported 4 EBP/QI projects for non-human subject determination IRB submission - Supported pain collaborative, medication safety, and chest tube SOP work - Supported CPC in evidence reviews (allergy bands, travel drugs in critical care) 1 research study in data analysis phase (Hilary Bowen, TCV ICU orientation) 1 research study protocol in development Dissemination FY2026 - Supported 37 abstracts and 1 manuscript submission - Supported 23 poster/podium presentations FY 2026 Dissemination 3 virtual presentations 9 podium presentations 27 poster presentations 4 publications
Maintain Nurse Residency Program accreditation for new graduate nurses	NPDS/Nursing Residency Program Manager	Practice Transition Accreditation Program was <i>Accredited with Distinction</i> through the American Nursing Credentialing Center
Clinical Instructor Training	NPDS/SON/CNSs	Systems for orientation and validation established with Earn While You Learn and PVCC and UVA SON.
Implement Synergy Center to include Partnership with Wisdom and Wellbeing and the Compassionate Care Center.	Office of the CNO and SON Dean	Implemented.