OO1 – A description of the applicant organization in terms of:

- History, and
- Populations served

Include an ethnic profile of the nursing staff, client population and community served.

**Organization History**

Eminently practical as well as visionary, Thomas Jefferson understood that the democracy he had risked so much to create required an educated citizenry if it were to flourish. A system where every person has a voice would succeed only if those voices were educated. As he wrote, there is "nothing more than education [for] advancing the prosperity, the power, and the happiness of a nation." This conviction led Jefferson to devote the last decade of his life to designing the University of Virginia, now a World Heritage Site and one of the top public universities in the nation, and developing a modern, forward-looking curriculum for its students.

One branch of knowledge he considered essential in an educated society was medicine. Accordingly he specified that one of the eight initial faculty members at the University be a professor of anatomy and medicine. One of the original buildings he
designed (since demolished) was an anatomy theater. And one of the University’s original schools was the School of Medicine. The University awarded its first M.D. degree in 1828.

Today, the School of Nursing (founded in 1901), the University Medical Center (founded in 1901), the School of Medicine, the Claude Moore Health Sciences Library and University Physicians Group constitute the University of Virginia Health System.

In 1895, the University constructed a dispensary, which also served as a surgery center. After surgery, patients were initially taken across the street to a rooming house to recuperate, but a six-bed, public inpatient facility in a remodeled home was opened shortly thereafter to provide dedicated care. Although the University did not own it, University physicians could practice there.

In spring 1901, UVA dedicated its first hospital: a 25-bed building with three operating rooms. By 1916, the University had built three additions to the hospital, bringing the total beds to 200. By 1941, rising patient volume had required the University to construct another four additions to the hospital, bringing its inpatient capacity to 485.
In 1960, the original hospital complex saw its final expansion with the completion of an eight-story, 400-bed structure that planners called the multistory hospital and the public dubbed the “new hospital.” The new facility was air-conditioned, spacious and equipped with the best technology available at the time.

In the 1980s, the University decided to open a completely new hospital building, allowing it to devote the older buildings to outpatient clinics, offices and research laboratories. In April 1984, the Virginia General Assembly approved a certificate of need. Groundbreaking for the new hospital was held on November 7, 1984, and excavations began the following summer. The project was the largest capital project in the state’s history aside from highway construction. It had a budget of $230 million, including $24 million from the state.

The University continues to grow and modernize. Recent projects have included the Emily Couric Clinical Cancer Center in 2011, a 72-bed, ICU-capable tower in 2012; the Battle Building at UVA Children’s Hospital (outpatient only) in June 2014; and an Outpatient Surgery Center, also in June 2014. An emergency room expansion is currently being planned.

The Mission, Vision and Values of UVA Health System

UVA Health System has made its mission, vision and values explicit as a way to guide conduct and inform decision-making at all levels of the institution.
The Mission of UVA Health System

To provide excellence, innovation and superlative quality in the care of patients, the training of health professionals, and the creation and sharing of health knowledge within a culture that promotes equity, diversity and inclusiveness.

The Vision of UVA Health System

In all that we do, we work to benefit human health and improve the quality of life. We will be:

• Our local community’s provider of choice for its healthcare needs
• A national leader in quality, patient safety, service and compassionate care
• The leading provider of technologically advanced, groundbreaking care throughout Virginia
• Recognized for translating research discoveries into improvements in clinical care and patient outcomes
• Fostering innovative care delivery and teaching/training models that respond to the evolving health environment

The Values of UVA Health System

This institution exists to serve others and does so through the expression of our core values:

**Respect:** To recognize the dignity of every person

**Integrity:** To be honest, fair and trustworthy

**Stewardship:** To manage resources responsibly

**Excellence:** To work at the highest level of performance, with a commitment to continuous improvement.

Organization of UVA Health System

UVA Health System consists of five interrelated organizations:

• The **University of Virginia Medical Center**, a Joint Commission–accredited organization, is an integrated network of primary and specialty care facilities that provide a wide range of services to the community. They include wellness programs and routine checkups as well as the most technologically advanced care. The Medical Center Operating Board, which consists of members of the University’s Board of Visitors and independent experts, oversees the operations of the Medical Center. In calendar year 2013, the Medical Center included:
- 612 licensed beds
- a Level I trauma center with 58,905 visits resulting in 12,032 admissions
- a Level III neonatal intensive care unit with 45 bassinets
- a transplant center
- 80 ambulatory care sites that provide primary and specialty care at locations throughout central and southwest Virginia in 764,401 annual visits
- 1,814 Registered Nurse FTEs.

The Medical Center serves as an important referral center accepting 3,826 external transfers and 3,715 ED-to-ED transfers in 2013.

- The **University of Virginia School of Medicine** consistently attracts some of the nation’s brightest students and most distinguished faculty members. The School of Medicine has more than 20 research centers, institutes and programs. Funded through millions of dollars in grants, these research initiatives have a track record of advances in the treatment and diagnosis of cancer, cardiovascular disease and neurodegenerative disease, as well as vaccine development.

- The **University of Virginia School of Nursing** is dedicated to educating world-class nurses and to improving patient care through robust nursing research and evidence-based practice. The School of Nursing is a national leader in rural healthcare research and programs and is home to one of only two dedicated nursing history centers in the United States. Other established and emerging research strengths include complementary and alternative therapies, geriatrics and oncology. The School of Nursing actively partners with the Medical Center and Professional Nursing Staff Organization (PNSO).

- The **Claude Moore Health Sciences Library** is the University’s primary library for biomedical information. The library licenses over 4,400 journal titles in the basic and clinical sciences and provides access to over 44,000 electronic and print books and 1,700 multimedia programs. The library’s large collection of databases includes OVID Medline, ScienceDirect, AccessMedicine, Web of Science, UpToDate and ClinicalKey. For interdisciplinary research, Health System affiliates have access to the entire University of Virginia online holdings, including more than 462,000 ebooks, 174,000 journals and 1,000 databases.

- The **UVA Physicians Group** represents doctors and other allied health professionals who provide care within UVA Health System and regional primary care practices. It was founded in 1979 as a nonprofit supporting organization of UVA to serve the financial and administrative needs of clinical staff. The Physicians Group performs billing and collections functions for physician professional services;
manages primary care practices; oversees physician payroll and benefits, including a pension plan; negotiates commercial payer contracts; participates in clinical outreach business development; and offers legal and financial services.

**UVA Professional Nursing Staff Organization (PNSO)**

Chief Nursing Officer Lorna Facteau, DNSc, RN, leads the UVA Patient Care Services department. Patient Care Services oversees the administration of nursing care for all hospital-based services, cancer and heart outpatient clinics, ambulatory surgery, and home healthcare services. Dr. Facteau is accountable for the discipline of nursing and has direct authority for the practice of every registered nurse in the Health System. The scope of her authority and responsibility are outlined in Exhibit OO2.b, CNO Job Description.

Our nursing shared governance model, the PNSO, functions in conjunction with the operational leadership structure. All RNs employed by the UVA Medical Center, School of Nursing and School of Medicine are automatically members of the PNSO and have the opportunity to actively engage in shared governance of the practice of nursing at UVA Health System.

**Development of the PNSO**

In the early 1980s, UVA Nursing was organized around a traditional administrative structure in which decision-making cascaded down through layers of nursing directors. Nurse leaders began to explore alternative models that would facilitate grassroots participation in decision-making as well as more nurse autonomy. A peer-driven Clinical Career Ladder, founded on Patricia Benner’s “from novice to expert” principles, was launched in 1987. By 1991 a shared governance model for nursing was in place.

The first president of the PNSO was elected in 1991. The president and president-elect represent nursing staff and collaborate with the chief nursing officer and operational leadership on issues and initiatives affecting nurses. In 1996, to facilitate the representation of the Health System’s diverse nursing practice areas, the PNSO convened a Nursing Cabinet to serve as its decision-making body. Led by the PNSO president, it has approximately 30 members. The chief nursing officer and the Dean of the School of Nursing are among the ex-officio members of the Cabinet, and it is one of the venues through which the CNO provides a monthly report on the state of UVA nursing to our RNs.

The PNSO codified its bylaws in 2000, creating annual opportunities for members to vote on amendments. The bylaws both define and provide structural guidance for accomplishing the six core missions of the PNSO: shared governance, clinical practice, professional development, research, quality and a healthy work environment. Hundreds
of nurses are actively engaged each year in PNSO activities to achieve excellence in these six core missions.

In 2003, the Health System created the Office of Nursing Governance Programs (NGP) to further enhance the connection with daily patient-care operations and to coordinate infrastructure support for nursing-related initiatives. As part of this change, the Health System created two new nurse leader positions to facilitate these changes: an Administrator for Workforce Development and a Director of Nursing Governance Programs.

The Health System subsequently created additional nursing leadership positions: a Magnet Program Manager, and a Director and Assistant Director of Nursing Research Programs. Two full-time non-nursing employees – a project-management professional and a data analyst – provide essential support for nursing initiatives. Three full-time administrative support personnel provide programmatic assistance to further PNSO and NGP initiatives as well as assistance for Health System nurses wanting to engage in career-ladder advancement and shared-governance activities.

In summer 2011, the PNSO Cabinet and nearly all the past and present PNSO presidents came together to launch a “Shared Governance Refresh.” The group conducted a comprehensive examination of nurse participation in shared governance. After analyzing feedback from clinical nurses and past PNSO leaders, the group undertook a thorough review of PNSO principles and revised the governing structure accordingly. The inpatient “refresh” occurred in 2012, followed by a similar ambulatory reorganization in 2013. Nurse feedback before and after the refresh indicates that these structural changes have had a positive impact on their perceptions of our shared-governance model (Exhibit OO1.a, Shared Governance Perceptions Survey Pre- and Post-Refresh).

Values Statement of UVA Health System Professional Nursing Staff Organization

As professional nurses at UVA Health System, we commit to accountability of governing our own practice through the bylaws of the Professional Nursing Staff Organization (PNSO).

We commit to nursing excellence in accordance with the institutional core values of respect, integrity, stewardship and excellence.

We commit to the ANA Code of Ethics for Nurses as follows:

- The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
• The nurse’s primary commitment is to the patient, whether an individual, family, group or community.

• The nurse promotes, advocates for and strives to protect the health, safety and rights of the patient.

• The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

• The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

• The nurse participates in establishing, maintaining and improving healthcare environments and conditions of employment conducive to the provision of quality healthcare and consistent with the values of the profession through individual and collective action.

• The nurse participates in the advancement of the profession through contributions to practice, education, administration and knowledge development.

• The nurse collaborates with other health professionals and the public in promoting communitywide, national and international efforts to meet health needs.

• The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

The Vision Statement of the UVA Health System Professional Nursing Staff Organization is shown in Figure 1.
Location and Services

UVA Medical Center is located in Charlottesville, a city in central Virginia just east of the Blue Ridge Mountains. According to 2013 estimates, Charlottesville has a population of 62,261, while the surrounding Albemarle County has 85,515 residents.

The Medical Center at UVA Health System has over 40 dedicated medical and surgical departments, with more than 120 sub-specialties and services, from prevention and wellness to intensive care. Interdisciplinary teams – consisting of physicians, nurses, therapists, nutritionists, pharmacists, chaplains and other professionals – coordinate care and provide patients with the most comprehensive and innovative treatment available.
Populations Served

The service areas for UVA Health System are shown in Figure 2. The primary service area, with a population of 397,932, includes the cities of Charlottesville, Staunton and Waynesboro, plus the counties of Albemarle, Augusta, Fluvanna, Greene, Louisa, Nelson and Orange. The secondary service area, divided into north and south regions, is defined as the counties of Amherst, Appomattox, Buckingham, Campbell, Culpeper, Fauquier, Madison, Page, Rappahannock, Rockbridge, Rockingham, Shenandoah and Warren, plus the incorporated cities lying therein. The secondary service area has a population of 603,122. These service areas are expected to have population increases of 3.6% in the next five years. The referral area extends to southwest Virginia and West Virginia.

OO1 Figure 2. Primary and Secondary Service Areas

The median household incomes in 2013 for the primary and secondary service areas were $49,216 and $50,400, respectively. This contrasts with U.S. Census estimates of the median household income in Albemarle County of $60,000 and the median household income in the City of Charlottesville of $47,537 (2013 Truven Health Analytics Market Planner Plus).
Ethnic Profile

The ethnic profile of UVA’s nursing staff, client population and community served is shown in Figure 3.

OO1 Figure 3. Ethnic Distribution

<table>
<thead>
<tr>
<th>Ethnic Distribution</th>
<th>UVA Nursing Staff*</th>
<th>Client Population**</th>
<th>Community Served**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Pacific Islander</td>
<td>3.60%</td>
<td>1.13%</td>
<td>1.02%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>0.20%</td>
<td>0.20%</td>
<td>0.41%</td>
</tr>
<tr>
<td>Black</td>
<td>15.60%</td>
<td>13.98%</td>
<td>10.97%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>80.50%</td>
<td>77.35%</td>
<td>85.62%</td>
</tr>
<tr>
<td>Other</td>
<td>7.36%</td>
<td></td>
<td>1.95%</td>
</tr>
<tr>
<td>Not Available</td>
<td>0.13%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.3% of UVA RNs are Hispanic.*
4.26% of Client Population is Hispanic.*
3.88% of Community Served is Hispanic.**

* Source: UVA Health System
** Source: US Census Bureau
† Includes Primary and Secondary Service Areas