



A Shared Governance Toolkit: Strategies for Structure and Process Evaluation and Enhancement

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Introduction

Description/Background

- With shared governance in place for nearly 2 decades, the clinical nurse chair of the hospital Nurse Practice Council observed variation in:
 - Individual unit shared governance council structure and process
 - Unit Practice Council participation
 - Subsequent active, engaged participation in the hospital-level practice council
- The nurse shared concerns and received CNO support to further evaluate function of the existing shared governance model. ^{1, 2, 3}

Objective

- To more deeply incorporate shared governance by providing a toolkit for unit and organizational level council development

Structures, Processes, Outcomes

Definition of Shared Governance

- Nurse empowerment (Fig. 1)
- Autonomous practice (Fig. 2)
- Collaboration
- Shared decision-making
- Alignment with Magnet components



Fig. 1: Nurse Practice Council Chairs

Structures: Best Practices Defined

- Development of bylaws and charters using a standardized template
 - Include both short-term and long-term goals
- Utilize resources and expert knowledge for decision-making

Processes: Best Practices Defined

- Education
 - Orientation
 - Role expectations
- Agendas
 - Align with strategic goals and quality dashboards
- Documentation
 - Minutes, discussions, outcomes, follow-up
- Stoplight discussion
 - Use of red/yellow/green to define possible "fixes"



Fig. 2: Professional Practice Model

Outcomes: Best Practices Defined

- Create Unit-Based Practice Council annual report of accomplishments
- Submit to organizational level Nurse Practice Council
 - Organizational council reports to Quality Council and Quality Council of the Board annually
- Utilize NDNQI quality indicators to drive change

Abstract

The first step in evaluation of shared governance function was for the RN Nurse Practice Council Chair to advance her shared governance knowledge. The CNO provided foundational literature and supported attendance at a shared governance conference. Using evidence and best practices, a shared governance toolkit and educational presentation were developed. Toolkit components included guidelines on unit bylaws, charter development, participation and use of technology to optimize attendance, expectations for Chair/Co-Chair/member, development of unit short- and long-term goals aligned with organizational nursing strategic goals, a standardized template for meeting agenda and minutes, existing shared governance organizational chart, reading resources, and instructions for accessing an organizational shared drive with the nursing quality dashboards and additional resources. The toolkit was bound and given to each unit representative at the hospital-level Nurse Practice Council meeting after a shared governance education session. To support new members, and enhance understanding for existing members, a formal orientation was developed related to shared governance and Nurse Practice Council function. A presentation at the nursing leadership council affirmed leader support for providing a liaison to the hospital Nurse Practice Council. At the organizational level: annual council goals were integrated into monthly agendas and evaluated at each meeting; member recognition was developed including photos, scrub jackets, and pens. A process was designed for Unit Practice Council reporting to hospital Nurse Practice Council on goal progress.

Results



Fig. 3: 2016 Porter Adventist Hospital Nurse Practice Council Members

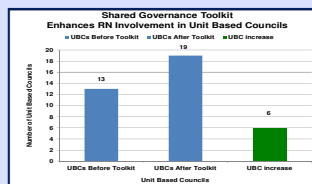


Fig. 4: 46% increase of Nursing units with established/re-established Unit-Based Practice Councils after toolkit implementation

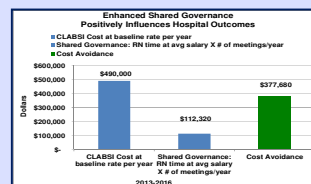


Fig. 5: \$377,680 cost avoidance for CLABSI infection prevention over previous 3 years of shared governance initiative

Discussion and Conclusions

The Toolkit

- Professional binder (Fig. 6)
- Charter, agenda, and minutes templates
- Meeting flyer
- Communication tree template
- Also placed on Nursing intranet web site
- Provide examples to promote unit-based development
 - Short-term goals: Bedside report and hourly rounding audits; patient satisfaction with nurse communication and pain follow-up
 - Long-term goals: Percent bachelor's-prepared RNs and nationally certified; Impact on percent RN turnover



Fig. 6: Toolkit

Increased use of technology to enhance clinical nurse participation

- Conference call
- Skype/Zoom/Lync

Reward and Recognition

- Professional photo of Unit-Based Council Chair displayed on wall
- Professional folder and pen for Unit-Based Council Chair
- Name badge pin for organizational Nurse Practice Council members
- DAISY Award program implemented
- 1 member paid expenses to attend national Magnet conference
- Reference book

Implications for Practice

- Challenges in shared governance participation: leader support, staff engagement, and cost
- Use cost-avoidance analysis to demonstrate return on shared governance investment
- Integrate NDNQI data into nursing dashboard reports to provide perspective on progress toward goals
- Align Nurses' Week awards with strategic goals
- Evaluation of existing shared governance infrastructure and processes is valuable to enhance nurse engagement to exercise their professional voice while demonstrating nursing value and accomplishments through shared governance participation

Literature Cited

- Arford, P. H., & Zone-Smith, L. (2005). Organizational commitment to professional practice models. *JONA: The Journal of Nursing Administration*, 35(10), 467-472. doi:10.1097/00005110-200510000-00008
- Clavette, J. T., O'Grady, T. P., & Drenkard, K. (2013). Structural Empowerment and the Nursing Practice Environment in Magnet® Organizations. *JONA: The Journal of Nursing Administration*, 43(11), 566-573. doi:10.1097/01.nna.0000434512.81997.3f
- Porter-O'Grady, T. (1992). *Implementing shared governance*. St. Louis, MO: Mosby.

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