#### **Texas Health** Harris Methodist Hospital<sup>®</sup> FORT WORTH

Healing Hands. Caring Hearts.<sup>™</sup>

# Replicating Unit-Based Council Success Throughout a Large Organization





## Background

<u>Unit-based councils (UBCs) experience a</u> change in effectiveness when there is change of members and structure.

#### Purposes

Evaluate, invigorate, and advance the evolution of council functionality to meet strategic objectives.

Evaluate skill and preparation of UBC leadership, meeting frequency, meeting organization, member participation, goal development and achievement, communication loops, plus overall effectiveness.

Replicate UBC success throughout a large, metropolitan hospital.

Improve empirical outcomes by increasing engagement in shared governance decision-making process. Implement a structured observation process and selfassessment survey using benchmark measurements to improve UBC effectiveness and staff engagement. Benchmark measurements from structured observations and self-assessment surveys provide baseline data for 35 UBCs.

Structured observation process focus is on interprofessional development, momentum, and structures, including attendance tracking, use of agenda template to align topics with strategic pillars, variety of topics and topic owners, and feedback loop closure.

Process includes observing for transformative presence of management, goals being addressed, and communication styles bridging from discussion to dialogue versus debate. Immediately after the meeting, debriefing with council leaders occurs. Self-assessment survey by UBC including core members

<u>m</u> (those that attend meetings), at-large members (those being represented), and unit management with results aggregated at division and organization levels. The survey was developed with three parts:

clinical and operational.

1) accountability, perceived impact and structures; 2) defined council competencies and structures; 3) agenda topics based on strategic objectives –

Assessment findings shared with UBC leaders, who in turn share with membership. Instruct to prioritize into 1-2 year plan for improvement.



### Methods

Yes	No	N/A	_UBC: Date observed:					
			Attendance tracking -80% charter requirement					
			Meeting  consistent date/time  minimum 10 times per year					
			_Membership 🗆 unit only 🗆 interprofessional					
			_Agenda, use of					
			variety of topic owners (unit staff participation)					
			old business looping					
			teambuilding budgets/supply use EBP decision making					
			□ clinical excellence □ VBP-core measures □ patient satisfaction					
			outcome measures					
			Clear objective(s) for meeting					
			Given meeting objectives, key stakeholders present/represented?					
			Minutes, generated					
			<ul> <li>clear objective(s)</li> <li>clear action plan</li> </ul>					
			<ul> <li>CRAF format (conclusion, recommendation, action, follow-up)</li> </ul>					
			Appreciative Inquiry: communication transition bridges					
		_	□ discussion □ dialogue □ debate					
		_	Management: transformational presence/participation					
		_	Debrief-Chair, Vice Chair, Mgmt. Rep: (see notes on back of index card)					
		_	Q1. What went well at this meeting?					
		_	Q2. What could be improved on for the next meeting?					
		_	Q3. What can the manager or educator do to help?					
			Evidence UBC using website independent of educator?					

**Conclusion** Like many healthcare organizations, our hospital is a team-based organization that seeks to increase employee engagement, innovation, and productivity, while reducing costs. Teamwork and active council participation are recognized as crucial to evaluation of client-centered outcomes and patient care innovations. Council members and leaders benefit from pragmatic, measurable keys to successful engagement.

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#### Results

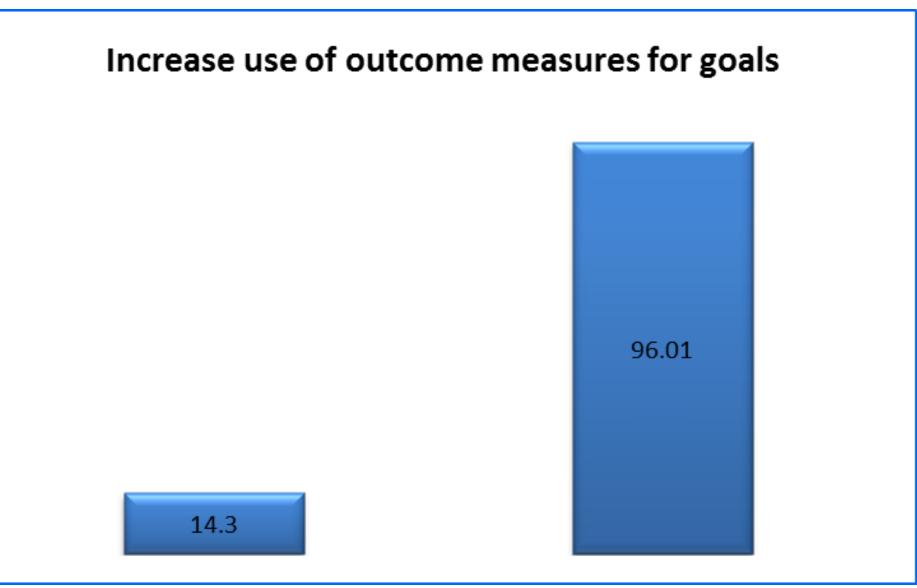
<u>Direct, clear correlation of UBC work and goals</u> <u>to organizational strategic plan</u>								
System pillars on agenda template to categorize goals/objectives in alignment with strategic plan.								
			ical and oper lars and plar	rational data n.				
0	<b>▲</b>	•	driven, goal th strategic	ls from pillars & plan.				
	Culture: Engagement survey results, RN career ladder							
	Value & Quality: Patient satisfaction, nurse							
	<ul> <li>sensitive indicators</li> <li>Financial Sustainability: Productivity, supply</li> </ul>							
	USC Pulse Chec	ck - Aggregate	Aggregate					
	Clinical Practice Other, 18% Med Recon, 10% HAPU, 5%		Developmental Milest         2014         4.00         3.50         3.00         2.50         2.00         1.50         1.00         Uses agenda         Provides         Tracks         minutes	ones				
	UBC Pulse Check - Operational Disc		UBC Pulse Check - A Other - Importan					
		VBP 15% Productivity 33% Patient Sat HCAHPS RN Commu	55 90 unications 47 91	Pt Satisfaction m 63.7% BSN Rate 30 % Certified 15% NCAP 2Q2014	Imp pro UBC and			
Increase UBC meetings to 10 times annually,								
minimum								
		gnment wi	th charter.		Refere			
-	ponse to k		_		Anderson,			
Implement January-December attendance roster for ease of monitoring compliance								
Suggested goal – improve meeting consistency (date, time, place)								
		Increase in meeting minimum of 10 times a	annua 85.7		Balanci Fray, B. (2 at the p Hess, R. (1 Isaacs, W. commu Porter-O'G			
		28.6			transfor Wesorick, healthy			



#### Results

crease use of outcome measures for goals

oal section added to agenda template. valuate against SMART goal format. equest annual report of goals and accomplishments for global distribution.





plementing a structured observation ocess and self-assessment survey improved C effectiveness by impacting accountability d ownership.

resulted in an ever growing repository of ality empirical outcomes to consider for use our Magnet document.

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