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**An Innovative Shared Decision-Making Process Led to Improved Staff Satisfaction**

**Session: C913**

2015 ANCC National Magnet Conference
10/9/2015
08:00 – 09:00

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## Objective

Describe the analysis of the shared decision-making process and the communication development process that led to improved staff satisfaction.

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## Who we are:

- Non profit Academic Medical Center
- #1 Hospital in California
- #15 Best Hospitals 2015 - 2016
- Licensed beds - 613
- Clinics - 147
- Admissions – 25,000 per year
- Emergency visits – 58,000 per year

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## Stanford Health Care Strategic Services

**Six Areas of Clinical Excellence: Honor Roll Specialties**

- Cancer Care
- Cardiovascular Health
- Neurosciences
- Orthopedic Surgery
- Surgical Services
- Transplantation

**Level 1 Trauma Center**

- Life Flight Program

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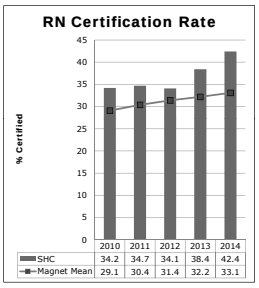
## Stanford Nursing Profile

**2500 Nurses**

- 83% BSN/ MSN/ PhD
- 47.9% Specialty Certified
- 220 Advanced Practice Providers

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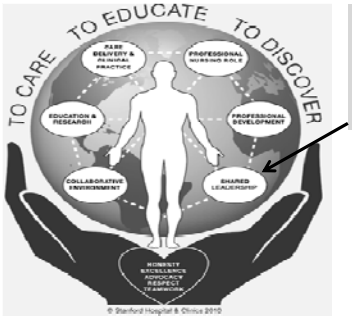
## Foundational Concept – Professional Practice Model




Shared Leadership is one of the key components of the Stanford Healthcare's Professional Practice Model

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## Foundational Concept - Role Based Practice

Creating an environment of professional accountability through role based practice allowed us to challenge Nursing practice and achieve improved outcomes

The O'Rourke Model of Professional Practice

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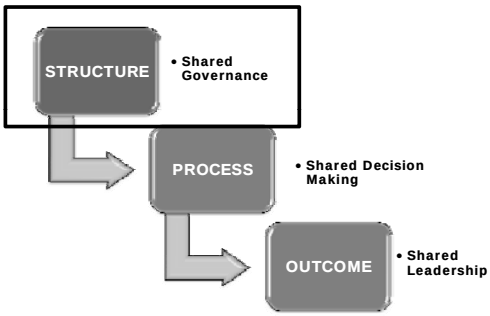
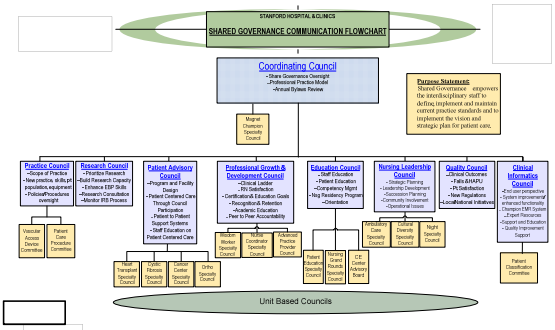
## STRUCTURE




## HISTORY: 15 Years of Shared Governance

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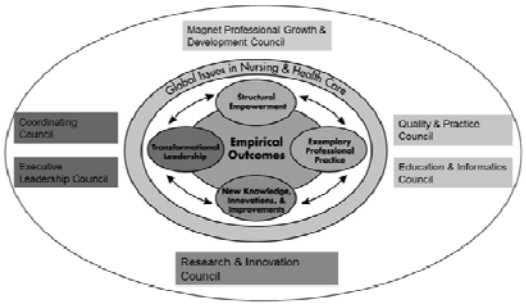
## Aligning the New Councils with the Magnet Model

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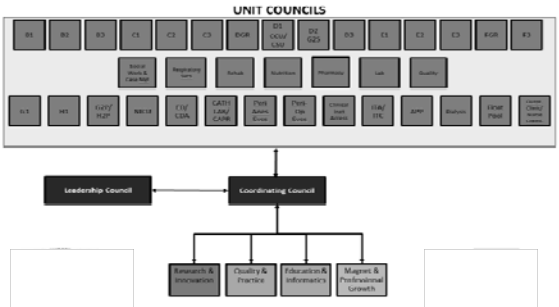
## Shared Leadership Structure 2014

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## Membership Application - Engaged Council Members

- New Interview Process for Council Members
- Developed by Staff
- Equal opportunity for all staff members
- Staff Selected Council Members
- Unit Council Members are House Wide Council Representatives

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## Creating Standard Work

- Bylaws
- SLC Structure
- Magnet Model
- Nursing Strategic Plan
- Agenda Template
- Meeting Minutes Template
- Action Request Forms
- Unit Based Issues Tracker

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## 8 Hour Council Day

| 08:30 – 10:30 | 1030 - 1100 | 11:00 – 12:30 | 1230 - 1300 | 13:00 – 17:00 |
|---|---|---|---|---|
| Education & Informatics Council | Break | Leadership Development Session MEMBERS | Lunch | Unit Councils |
| Research & Innovation Council | | | | |
| Magnet & Prof Growth Council | | | | |
| Quality & Practice Council | | Coordinating Council CHAIRS & ADVISORS | | House-wide Chair Meeting |
| Unit-Based Chair Meeting | | | | |

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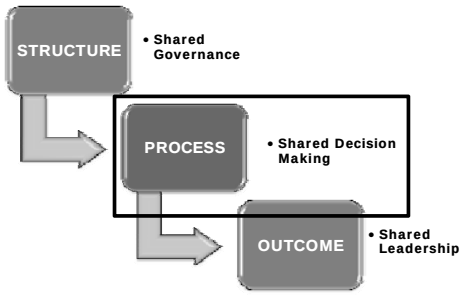
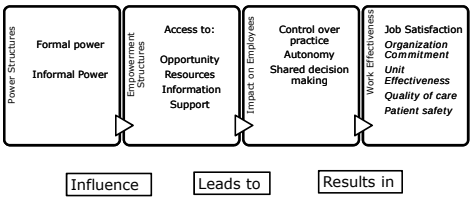
## PROCESS

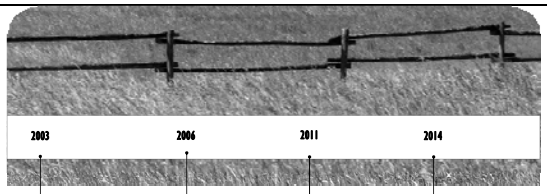


## Theoretical Framework:

- Relationships of Concepts in Kanter's Structural Empowerment Theory (Laschinger, 1996)




## Review of Literature on Structural Empowerment & Job Satisfaction




Structural Empowerment and Magnet Hospital Characteristics significantly influence Job Satisfaction (Spence Laschinger et.al., 2003 )

Positive effects of empowerment and professional practice environments on the nurses' perception of patient safety culture (Armstrong & Laschinger, 2006)

Shared perception of good quality leadership at the unit level showed positive association of perceived structural empowerment and job satisfaction (Spence Laschinger et al., 2011)

Structural empowerment and professional practice environment have positive influence on unit effectiveness (B = 0.40, p < .001) and job satisfaction one year later (B = .89, p <.001) (Spence Laschinger et al., 2014)

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## Stanford Operating System exemplified by Shared Leadership

Action Request Process is part of Active Daily Management

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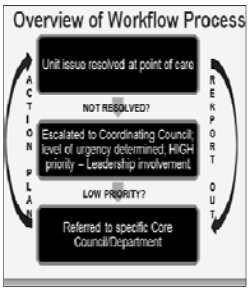
## PROCESS OF SHARED DECISION MAKING

**Unit level issues identified and resolved or escalated appropriately**

**Coordinating Council:**

- **Collaboration**
- **Coordination**
- **Communication**

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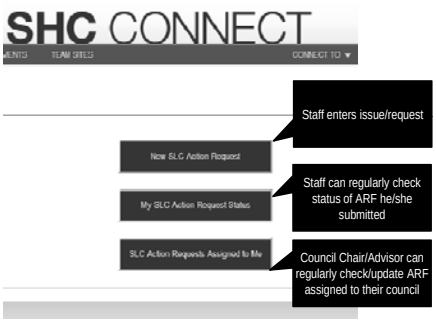
## Access Online Action Request Form (ARF)

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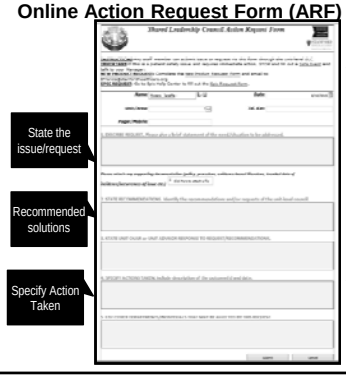
## Online Action Request Form (ARF)



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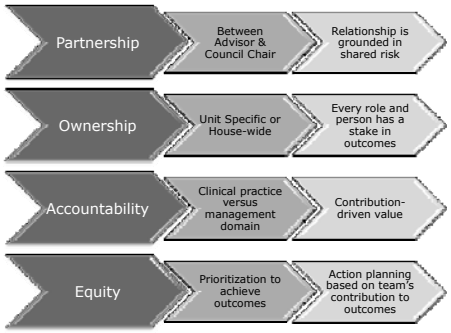
## ARF Review Process – Principles of SLC in Action

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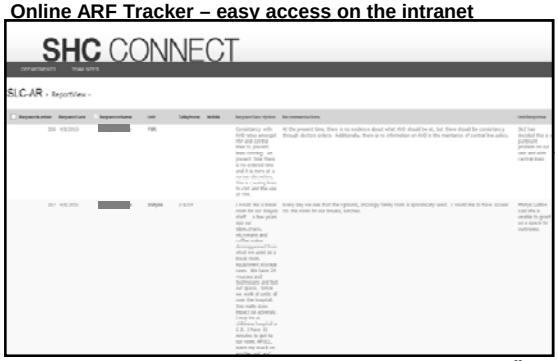
## Online ARF Tracker – easy access on the intranet

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## ARF not unit-specific or unresolved at the unit?

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## Coordinating Council ARF Response Form

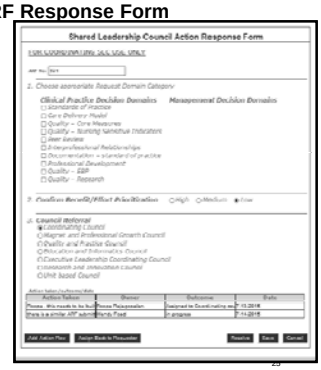
- Principles of SLC in Action

Partnership

Accountability

Ownership

Equity




## ARF 43 & 73: Armband - A3 Thinking Approach
## Coordinating Council – November 2014

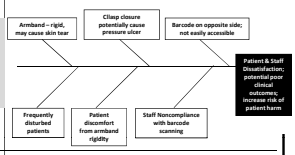
**1. What is the problem or gap? (What are we trying to improve?)**

**Current ID wristband** causes patient dissatisfaction, staff dissatisfaction, potential poor clinical outcome, and increase risk of patient harm

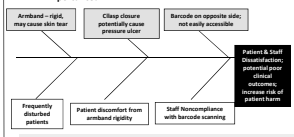
CURRENT

GAP

**2. What causes are preventing us from meeting our target(s)? What are the "root" causes?**




**3. Based on data, what are the causes in order of importance?**



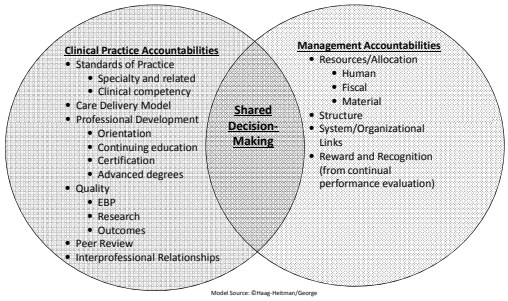

**4. Which actions will address the most important causes?**

| Goal (Cause) | Actions | By When/ By Who |
|---|---|---|
| Future state Armband | Examined sample armband | Wendy Foad |
| Armband printers | Check current location & Map out future state location | Aurora Yusi |
| Other Solutions | Check out interim solution; PPID alternate solution | Aurora Yusi |

**Replace Current Armband in 3 to 6 months**

**Hypothesis:** Replacing current patient armband with one that is less rigid, has adhesive closure, & accessible barcodes will increase patient & staff satisfaction, prevent skin breakdown, and improve patient safety

## Accountabilities for Shared Decision Making




Model Source: ©Haag-Heitman/George

**90% of decisions need to occur at the point of care (unit level)**
**10% of decisions are organization-level decisions**

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## Clear Enterprise Wide Communication

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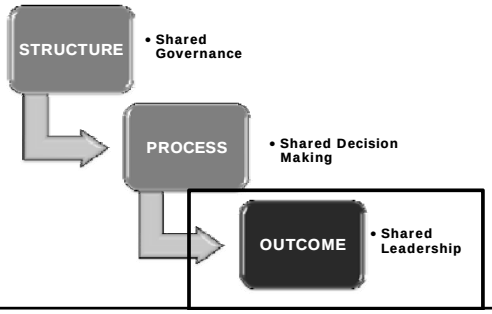
## OUTCOMES

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**ARF Trends According to Shared Decision Making Domain Categories**

- Outcome Driven Council Agendas
- Streamlined Council Communication Referral of Action Items
- Defined decision making domains
- Identified priority action items
- Action plans more targeted and efficient

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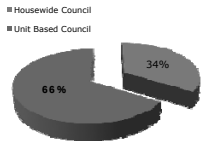
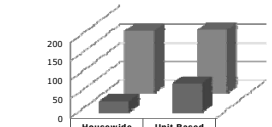
## Outcome-Driven Council Agendas Through Action Requests

| Action Request Closure Rate | | | |
|---|---|---|---|
| **Council** | **Dec 31, 2014** | **March 31, 2015** | **May 31, 2015** |
| **House-Wide** | **61%** | **81%** | **85%** |
| **Unit-Based** | **41%** | **75%** | **69%** |
| **Total Closure Rate** | **60%** | **87%** | **76%** |
| **TOTAL ARFs** | **221** | **331** | **440** |

**Total Action Requests by Council Referral**




**Action Request Outcomes by Council Referral**




| | Housewide Council | Unit Based Council |
|---|---|---|
| **In Progress** | **29** | **76** |
| **Closed** | **166** | **169** |

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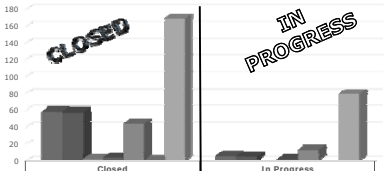
## Streamlined Council Referral of Action Items

**ACTION REQUEST OUTCOMES BY HOUSEWIDE COUNCILS**




| | Closed | In Progress |
|---|---|---|
| **Coordinating Council** | **58** | **6** |
| **Education & Informatics Council** | **57** | **5** |
| **Executive Leadership Council** | **2** | |
| **Magnet & Professional Growth Council** | **4** | **2** |
| **Quality & Practice Council** | **44** | **13** |
| **Research & Innovation Council** | **1** | |
| **Unit Based Council** | **169** | **79** |

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## Thematic Analysis defined Decision Making Domains:

- Shared Decision Making Domain Categories:
  - Clinical Practice Accountabilities
  - Management Accountabilities
- Streamlined ownership & accountabilities
- Track and monitor trends of ARFs
- Identified priority issues
- Developed countermeasures to address gaps

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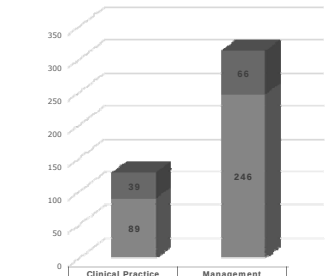
## Action Request: Shared Decision Making Domain Accountability Distribution

### Action Request Outcomes by Decision Making Domain




| | Clinical Practice Accountability | Management Accountability |
|---|---|---|
| In Progress | 39 | 66 |
| Closed | 89 | 246 |

Distribution Trends:

71% - management decision making domain

29% - Clinical Practice decision making domain

Critical for managers/nurse leaders to partner with frontline staff in coming up with innovative solutions to issues at hand

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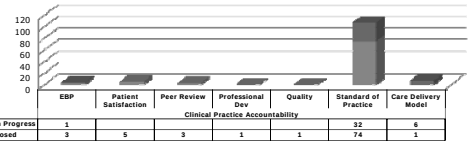
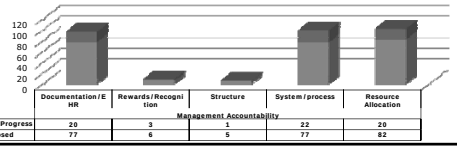
## Decision Making Domain Distribution: Identified Priority Action Items

### Action Request Outcomes by *Clinical Practice* Decision Making Domain




| | EBP | Patient Satisfaction | Peer Review | Professional Dev | Quality | Standard of Practice | Care Delivery Model |
|---|---|---|---|---|---|---|---|
| In Progress | 1 | | | | | 32 | 6 |
| Closed | 3 | 5 | 3 | 1 | 1 | 74 | 1 |

### Action Request Outcomes by *Management* Decision Making Domain




| | Documentation / EHR | Rewards/Recognition | Structure | System/process | Resource Allocation |
|---|---|---|---|---|---|
| In Progress | 20 | 3 | 1 | 22 | 20 |
| Closed | 77 | 6 | 5 | 77 | 82 |

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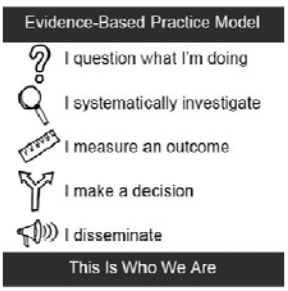
## Priority Action Item: Clinical Practice Accountability

Focus on Empowering Autonomy and Control over Practice

- Practice Change Checklist
- Role-based practice

New EBP Model

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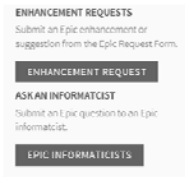
**Priority Action Item: Management Accountability**

| Information Technology Enhancement Request | Resource Allocation/Systems & Processes |
|---|---|
| ▸ Increase awareness of IT's process of Epic build/enhancement tickets | ▸ Value Analysis Team |
| ▸ Ability to track progress of request | ▸ Materials Management |
| | ▸ Supply Distribution |
| | ▸ ACNO as Coordinating Council Advisor |
| | ▸ CNO/VP as Executive Leadership Council Advisor |

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**SLC Council Empowerment Survey:**

| Kanter's Theory - Structural Empowerment Components | Prior to SLC | Since SLC | p-value[a] |
|---|---|---|---|
| Access to information | M=4.09 SD=0.70 | M=4.31 SD=0.70 | <0.001* |
| Access to resources | M=4.00 SD=0.75 | M=4.24 SD=0.84 | <0.001* |
| Access to support | M=3.84 SD= 0.88 | M=4.12 SD=0.99 | <0.001* |
| Access to opportunities to learn and grow | M=3.97 SD=0.88 | M=4.26 SD=0.82 | <0.001* |

*Paired t-test. *Statistically significant.

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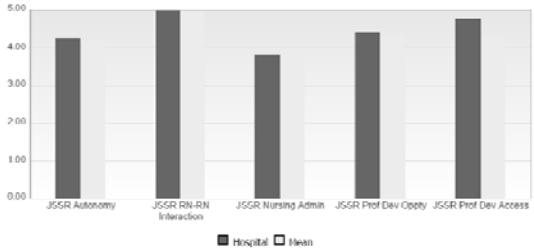
**Staff Satisfaction Survey Results**




| Measure | JSSR Autonomy | JSSR RN-RN Interaction | JSSR Nursing Admin | JSSR Prof Dev Oppty | JSSR Prof Dev Access |
|---|---|---|---|---|---|
| Hospital | 4.26 | 4.99 | 3.81 | 4.43 | 4.44 |
| Mean | 4.17 | 4.98 | 3.75 | 4.33 | 4.40 |

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## Lesson Learned

- Frontline staff perception of action requests
- Role clarity
- Management versus leadership
- Value of support for shared decision making
- Communication
- Collaboration with inter-professional team
- Coordination is key!

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## SLC Empowered & Engaged!

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## Thank you…questions?

**Are you ready to lead the way?**

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## References


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