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

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
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

Stanford Nursing Profile
2500 Nurses
- 83% BSN/ MSN/ PhD
- 47.9% Specialty Certified
- 220 Advanced Practice Providers

Foundational Concept – Professional Practice Model
Shared Leadership is one of the key components of the Stanford Healthcare’s Professional Practice Model
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.

STRUCTURE

• Shared Governance

PROCESS

• Shared Decision Making

OUTCOME

• Shared Leadership

HISTORY: 15 Years of Shared Governance
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
Creating Standard Work

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

**8 Hour Council Day**

<table>
<thead>
<tr>
<th>08:30 – 10:30</th>
<th>10:30 – 11:00</th>
<th>11:00 – 12:30</th>
<th>12:30 – 13:00</th>
<th>13:00 – 17:00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education &amp; Informatics Council</td>
<td>Leadership Development Session MEMBERS</td>
<td>Coordinating Council CHAIRS &amp; ADVISORS</td>
<td>Unit Councils</td>
<td>House-wide Chair Meeting</td>
</tr>
<tr>
<td>Research &amp; Innovation Council</td>
<td>Break</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnet &amp; Prof Growth Council</td>
<td>Quality &amp; Practice Council</td>
<td>Unit-Based Chair Meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROCESS**

- **STRUCTURE**
  - Shared Governance

- **PROCESS**
  - Shared Decision Making

- **OUTCOME**
  - Shared Leadership
Theoretical Framework:

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

<table>
<thead>
<tr>
<th>Formal Power</th>
<th>Access to:</th>
<th>Control over practice</th>
<th>Job Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal Power</td>
<td>Opportunity</td>
<td>Autonomy</td>
<td>Commitment</td>
</tr>
<tr>
<td>Resources</td>
<td>Information Support</td>
<td>Shared decision making</td>
<td>Quality of care Patient safety</td>
</tr>
</tbody>
</table>

Influence Leads to Results in

Review of Literature on Structural Empowerment & Job Satisfaction

- Positive effects of empowerment and professional practice environment 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 = .40, p < .001) and job satisfaction one year later (B = .89, p < .001) (Spence Laschinger et al., 2014)

Stanford Operating System exemplified by Shared Leadership

- Action Request Process is part of Active Daily Management
PROCESS OF SHARED DECISION MAKING

- Unit level issues identified and resolved or escalated appropriately
  
  Coordinating Council:
  - Collaboration
  - Coordination
  - Communication

Overview of Workflow Process

Access Online Action Request Form (ARF)

State the issue/request

Recommended solutions

Specify Action Taken

Staff can regularly check status of ARF he/she submitted

Council Chair/Advisor can regularly check/update ARF assigned to their council
**ARF Review Process – Principles of SLC in Action**

**Partnership**
Between Advisor & Council Chair
Relationship is grounded in shared risk

**Ownership**
Unit Specific or House-wide
Every role and person has a stake in outcomes

**Accountability**
Clinical practice versus management domain
Contribution-driven value

**Equity**
Prioritization to achieve outcomes
Action planning based on team’s contribution to outcomes

---

**Online ARF Tracker – easy access on the intranet**

**SHC CONNECT**

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

- Assigned to Coordinating Council
- Prioritize in House-wide Council Agenda
- Distributed to appropriate HW Councils
- Review of the evidence
- Dissemination
- Share best practice
- Council report out
- Newsletter
- Bulletin Board
- Looking Forward
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?)
2. What causes are preventing us from meeting our target(s)?
   What are the "root" causes?
   - Current ID wristband causes patient dissatisfaction, staff dissatisfaction, potential poor clinical outcome, and increase risk of patient harm
3. Based on data, what are the causes in order of importance?
4. Which actions will address the most important causes?
   - Replace Current Armband in 3 to 6 months

Accountabilities for Shared Decision Making

- Clinical Practice Accountabilities
  - Standards of Practice
  - Security and privacy
  - Clinical competency
  - Case Delinquency Model
  - Professional Development
  - Orientation
  - Continuing education
  - Certification
  - Advanced degrees
  - Quality
  - EBP
  - Research
  - Outcomes
- Management Accountabilities
  - Resources/Misallocation
  - Forecast
  - Budget
  - Systems/Organizational
  - Reward and recognition
  - Interprofessional relationship

50% of decisions need to occur at the point of care (unit level)  
10% of decisions are organization-level decisions
Clear Enterprise Wide Communication

- House-wide SLC
- Unit-Based SLC
- Coordinating SLC

OUTCOMES

- Shared Governance
- Shared Decision Making
- Shared Leadership

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
Outcome-Driven Council Agendas
Through Action Requests

**Action Request Closure Rate**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>House-Wide</td>
<td>61%</td>
<td>81%</td>
<td>85%</td>
</tr>
<tr>
<td>Unit-Based</td>
<td>41%</td>
<td>75%</td>
<td>69%</td>
</tr>
<tr>
<td>Total Closure Rate</td>
<td>60%</td>
<td>87%</td>
<td>76%</td>
</tr>
<tr>
<td>TOTAL ARFs</td>
<td>221</td>
<td>331</td>
<td>440</td>
</tr>
</tbody>
</table>

**Total Action Requests by Council Referral**

- House-Wide Council: 66%
- Unit Based Council: 34%

**Action Request Outcomes by Council Referral**

- Closed: 221, 166, 79
- In Progress: 331, 169, 79

**Streamlined Council Referral of Action Items**

**ACTION REQUEST OUTCOMES BY HOUSEWIDE COUNCILS**

- Coordinating Council: Closed 14, In Progress 3
- Education & Informatics Council: Closed 5, In Progress 2
- Executive Leadership Council: Closed 4, In Progress 2
- Magnet & Professional Growth Council: Closed 44, In Progress 13
- Quality & Practice Council: Closed 1, In Progress 1
- Unit Based Council: Closed 583, In Progress 78

**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

---

*Model Source: ©Haag-Heitman/George*
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.
Information Technology Enhancement Request

- Increase awareness of IT's process of Epic build/enhancement tickets
- Ability to track progress of request

Resource Allocation/Systems & Processes

- Value Analysis Team
- Materials Management
- Supply Distribution
- ACNO as Coordinating Council Advisor
- CNO/VP as Executive Leadership Council Advisor

SLC Council Empowerment Survey:

<table>
<thead>
<tr>
<th>Kantor's Theory - Structural Empowerment Components</th>
<th>Prior to SLC</th>
<th>Since SLC</th>
<th>p-value *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to information</td>
<td>M=4.33</td>
<td>M=4.31</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>SD=0.70</td>
<td>SD=0.70</td>
<td></td>
</tr>
<tr>
<td>Access to resources</td>
<td>M=4.00</td>
<td>M=4.24</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>SD=0.75</td>
<td>SD=0.84</td>
<td></td>
</tr>
<tr>
<td>Access to support</td>
<td>M=3.84</td>
<td>M=4.12</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>SD=0.88</td>
<td>SD=0.99</td>
<td></td>
</tr>
<tr>
<td>Access to opportunities to learn and grow</td>
<td>M=3.97</td>
<td>M=4.26</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>SD=0.86</td>
<td>SD=0.82</td>
<td></td>
</tr>
</tbody>
</table>

*Pair t-test. *Statistically significant.

Staff Satisfaction Survey Results
Lesson Learned
- Frontline staff perception of action requests
- Role clarity
- Management versus leadership
- Value of support for shared decision making
- Communication
- Collaboration with interprofessional team
- Coordination is key!

SLC Empowered & Engaged!

Thank you...questions?
Are you ready to lead the way?
References

- O’Rourke, M., & Davidson, P. (nd). Governance of practice and leadership: implications for nursing practice. Nursing Leadership. 327-343

Contact Information

Janette Moreno, MSN, RN, CCRN
Shared Leadership Coordinator
imoreno@stanfordhealthcare.org
650.723.8301

Anita Girard, DNP, RN, CNL, CPHQ
Magnet Program Director
agirard@stanfordhealthcare.org
650.723.4217