Empowering Ambulatory Nurses With Shared Governance

Track: Transformational Leadership
Wednesday October 7, 2015
11:30am-12:30pm

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Objectives
Learn about the efforts initiated by ambulatory nurses highlighting:
1) Details on how shared governance principles were adapted to fit the outpatient environment
2) The challenges & opportunities experienced with implementing Magnet® principles in an outpatient setting
3) Ongoing implementation processes to promote culture change

Rush Campus
Rush University Medical Center

- Not-for-profit
- 664-bed academic medical center
- Nationally & internationally known
  - Excellence in patient care
  - Education
  - Research
- >6000 employees
- > 2000 RNs
- Seeking our 4th Magnet® Designation Fall 2015

The Tower

Mission, Vision, & Values

Mission:
The mission of Rush is to provide the best health care for the individuals and diverse communities we serve through the integration of outstanding patient care, education, research, and community partnerships.

Vision:
Rush will be the leading academic health system in the region and nationally recognized for transforming health care.

Strategic Themes:
- The Best People
- The Best Quality
- The Best Programs
- Highest Value

VALUES:
- Innovation
- Collaboration
- Accountability
- Respect
- Excellence
Shared Governance

- Philosophy & structure (model)
- All levels of nursing staff share responsibility & accountability for practice & quality
- Voice
- Shared decision making
- Active problem solving
- Promotes collaboration

Inpatient Organizational Structure

PNS Executive Committee

- PNS President
- PNS President-Elect
- Secretary
- Treasurer
- Past President
- Chief Nursing Officer
- DAC reps from following service lines:
  - Medicine/Oncology/Cardiology
  - Surgical, Neuro, Musculoskeletal & Rehab
  - College of Nursing Faculty Senate
  - Professional Nursing Practice
  - Clinical Staffing Office
  - Women's & Children's
  - Mental Health
  - Interventional Services
  - Emergency Department
  - Ambulatory
  - APN
Rush University Medical Group (RUMG) Ambulatory Practices

- 462 Physicians
- 76 Nurse Practitioners
- 215 Registered Nurses
- 2 Department Administrators
- 58% of practice leaders are RNs
- 70+ Locations
- 373,000 annual ambulatory visits
- 763,000 completed visits in the practices

The Rush System

Hospital Affairs – Office of the CNO
Rush Ambulatory Nurses

Timeline

- Rush recognized need for shared governance in ambulatory setting
- Ambulatory representative to PNS Executive Committee
- Monthly ambulatory council meetings

Tapping into PNS Structure

- Change in PNS RUMG Executive Member
- Committed to a 2 year term
- Representative at monthly executive meetings & hospital quality meetings
- Brought Ambulatory issues to the table
- Increased awareness of Ambulatory Nurses
Uncharted Territory

- 2 co-chairs were appointed by AVP of ambulatory operations to lead ambulatory advisory group
- Fully vetted: Interest, ability to lead groups, time available, different skill sets of leaders
- Developed Ambulatory Nursing Advisory Council
- 1st meeting set for October 2013

Ambulatory Nurse Council Meetings

Goal: Engage ambulatory nurses
- Continued to meet monthly
- Great turnout of managers
- Clinic Issues
- Social discussion
- Networking

Charter Draft

- Purpose
- Membership
- Terms of Office
- Meetings
- Duties
- Presented to PNS Executive Committee for approval
Assessment

- Limited understanding of:
  - Shared governance (PNS)
  - Professional Nursing Practice
  - How it affected ambulatory nurses
- No knowledge base of Magnet®
- Huge disconnect between ambulatory & inpatient nurses

2013 RUMG Ambulatory Nursing Engagement Survey

*Only 53% of RUMG nurses are either engaged or content

What’s Next?????

- Leadership group met to determine next steps & process for ambulatory nurse engagement
- Collaborated with our nursing experts in ambulatory, shared governance, & Magnet® to develop mandatory educational program
Educational Program

“Structural Empowerment & the Impact of Role in Healthcare for Ambulatory Care Nurses”

Program Objectives

1) Recognize key constructs of structural empowerment as related to nursing practice, interdisciplinary collaboration, & patient outcomes
2) Interpret important healthcare specific environmental components driving focus of ambulatory care nurse role & related outcomes
3) Identify key components of Magnet® Model of Nursing Excellence & how ambulatory care nurses are integral therein
4) Assess how the Professional Practice Model drives activities such as performance evaluation, clinical ladder, & exemplary professional practice

Break Out Session

• What should it look like?
• What are the components needed?
• What is the process for assembling it?
Responses

- **Vision**: Excellent patient care, resources to achieve it, evidence based care
- **Components**: Manager support, buy-in from physician partners, dedicated time to attend advisory council meetings
- **Process for assembling**: Improved communication, stronger connections between clinics

“Believe you can and you’re halfway there”

——— Teddy Roosevelt

Next Steps

- AVP Presentation to Ambulatory Medical Directors meeting
- Sought physician buy-in for staff & support to nurse managers role
- Presented engagement data
- Steps to strengthen nursing practice delineated
Linking Ambulatory

Enhancing Professional Development

- Clinical Ladder Committee formed
- Dedicated resource to focus on ambulatory nurses’ professional development
- Ambulatory Magnet® Champions identified
- Renewed momentum for ambulatory advisory group
- Committees restructured with broad nursing representation

Support for Nursing

“Exemplary Professional Practice: What does it mean for the Ambulatory Nurse?”

- Equity & salary scale review completed through HR to support nurse advancement
- Review of shared governance, PNS, & Magnet®
- Ambulatory Clinical Ladder Portfolio development resources
Our Progress

Where Are We Going?

Transformational Leadership

- Align 2016 RUMG Department Advisory Committee with RUSH strategic themes & goals
Structural Empowerment

- Clinical ladder
- Standardize the RN orientation process
- Define new RN competency
- Formalize mentor/preceptor program
- Developing the like-clinic advisory committees

Exemplary Professional Practice

- Developing metrics using electronic medical record reports
- Defining nurse sensitive indicators
- Identifying quality projects & standardizing processes
- Developing telephone triage quality project

New Knowledge, Innovations & Improvements

- Continue “Lunch & Learns” on specific topics for quality projects & EBP
- Development of Ambulatory Nursing newsletter
- Improvements in the Ambulatory website as a communication tool
- Developing a format for communication of internal/external CE programs for Ambulatory Nursing
Lessons Learned

- Must have a vision: Start somewhere but start …
- Support from leadership
- Ambulatory is not the same as inpatient
- Don’t be afraid to create your own ambulatory structure
- Define strong roots but promote growth of “off shoots”
- Keep moving forward even if you feel progress is not being made
- Communicate, communicate…Develop a communication tool early on & educate on its use

2014 RUMG Ambulatory Nursing Engagement Survey

*More than 80% of RUMG nurses are either engaged or content

2013/2014 Comparison

*Significant progress has been made over the past year
“If you are not prepared to be wrong, you will never come up with anything original”

------  Sir Ken Robinson

Thank you for your time & attention