

C714

2015 ANCC National Magnet Conference®



Empowering Ambulatory Nurses With Shared Governance

Track: Transformational Leadership

Wednesday October 7, 2015

11:30am-12:30pm

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Rush University Medical Center in Chicago, IL

IT'S HOW MEDICINE SHOULD BE™

© RUSH. Rush is a non-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

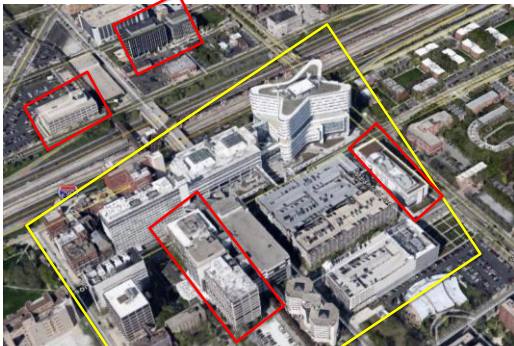
Objectives

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

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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

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The Tower



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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



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Shared Governance

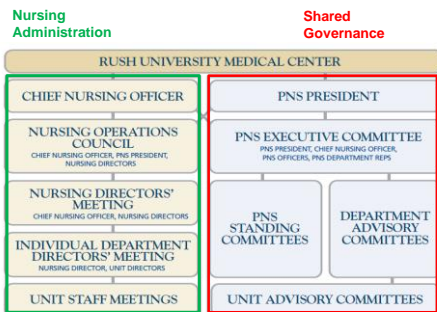
- Philosophy & structure (model)
- All levels of nursing staff share responsibility & accountability for practice & quality
- Voice
- Shared decision making
- Active problem solving
- Promotes collaboration



Luther Christman PhD, RN, FAAN

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Inpatient Organizational Structure



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PNS Executive Committee

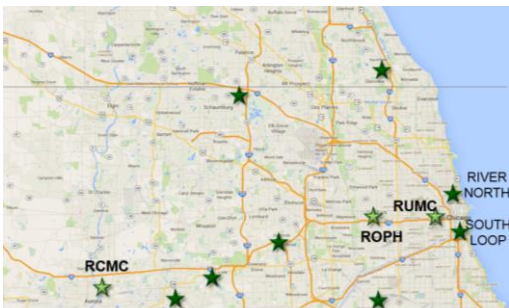
- PNS President
- PNS President-Elect
- Secretary
- Treasurer
- Past President
- Chief Nursing Officer
- DAC Reps from following service lines:

- | | |
|--|---------------------------|
| • Medicine/Oncology/Cardiology | • Women's & Children's |
| • Surgical, Neuro, Musculoskeletal & Rehab | • Mental Health |
| • College of Nursing Faculty Senate | • Interventional Services |
| • Professional Nursing Practice | • Emergency Department |
| • Clinical Staffing Office | • Ambulatory |
| | • APN |

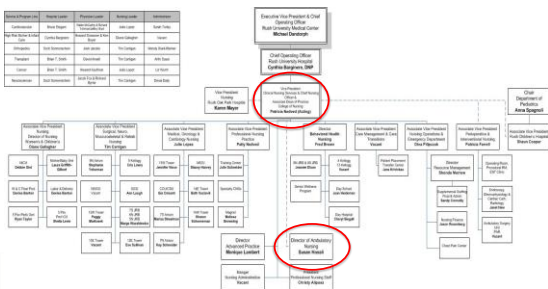
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Rush University Medical Group (RUMG) Ambulatory Practices

- 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



Hospital Affairs – Office of the CNO



Rush Ambulatory Nurses



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Timeline

2010



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

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Tapping into PNS Structure

July
2012

- 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

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Uncharted Territory

September
2013

- 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

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Ambulatory Nurse Council Meetings

October
2013

Goal: Engage ambulatory nurses

- Continued to meet monthly
- Great turnout of managers
- Clinic Issues
- Social discussion
- Networking



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Charter Draft

November
2013

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

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Assessment

December
2013

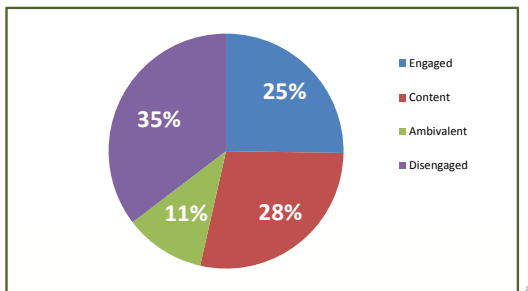
- Limited understanding of:
 - Shared governance (PNS)
 - Professional Nursing Practice
 - how it affected ambulatory nurses
- No knowledge base of Magnet®
- Huge disconnect between ambulatory & inpatient nurses

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RUSH UNIVERSITY
MEDICAL CENTER

2013 RUMG Ambulatory Nursing Engagement Survey

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



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RUSH UNIVERSITY
MEDICAL CENTER

What's Next?????

January
2014

- 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

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Educational Program

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



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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

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Break Out Session

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



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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

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"Believe you can and
you're halfway there"

----- Teddy Roosevelt

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Next Steps

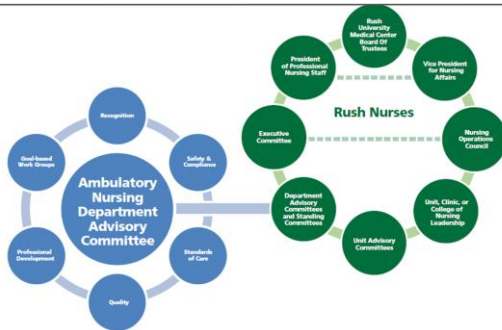
July
2014



- 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

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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

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Support for Nursing

December
2014

"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

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Our Progress

Completed/ More information	Work in progress	On Hold/ Completing other initiatives
<p><i>This is what we've done so far or additional information.</i></p> <ul style="list-style-type: none"> Re-organized the RUMC DAC (December 2014) Provided financial engagement Educational Session (Feb 2014) Developed a RUMC Charter which will be incorporated into the new PPO Business plan 2015 Developed a RUMC specific PPO Commissioned study: Recognition, Standards of Care Policy and Educational Normative 2015 Developed 7 Task Forces: RUMC Business and RUMC RSN Clinical (Fall) Updated RUMC Training Website Updated the RUMC RSN Asset Listing and linked to PPO and Support Developed a working tool for defining "Key Account" clients for CMA 	<p><i>We are working on it – stay tuned.</i></p> <ul style="list-style-type: none"> Increased Direct RN staff on the DAC LEAD program for structural empowerment Educational session for new RN staff Development of RUMC journal club CMA Competency Day/Session Revision of Testosterone policy Bedside Scan policy Revision of the RN orientation Revision of the CMA orientation Define Nurse sensitive indicators and quality indicators Revision of standing orders Development of RUMC Nurse manager orientation Clinical staff resources for On Shorefront 1 outpatient 	<p><i>These are requests that we cannot do at this time and the reason why.</i></p> <ul style="list-style-type: none"> CMA committee for the RUMC DAC (time) Development of RSN EBP resource team/Committee (define members) Support from Epic Development of RUMC site specific care plans in Epic

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Where Are We Going?



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Transformational Leadership

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



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Structural Empowerment

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

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Exemplary Professional Practice

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

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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
- Develop a format for communication of internal/external CE programs for Ambulatory Nursing

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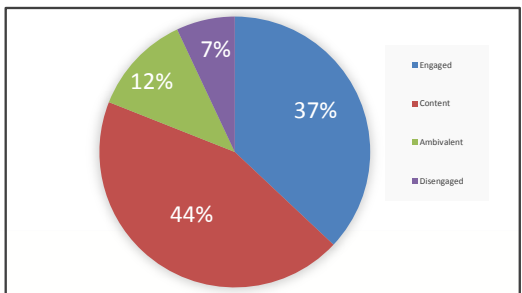
Lessons Learned

- 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

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2014 RUMG Ambulatory Nursing Engagement Survey

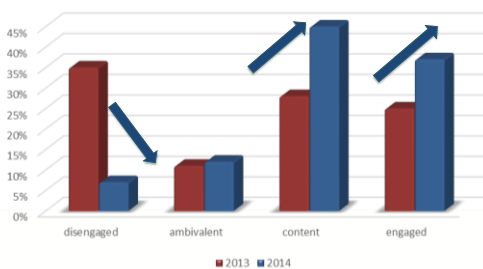
*More than 80% of RUMG nurses are either engaged or content



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2013/2014 Comparison

*Significant progress has been made over the past year



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"If you are not
prepared to be wrong,
you will never come up
with anything original"

----- Sir Ken Robinson

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Thank you for your time & attention



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