# Using Shared Governance to Deliver Top Notch Care-C842





- Discuss how shared governance was established and how staff got engaged.
- Discuss how to get staff not involved in shared governance engaged in unit projects.
  - clinical career ladder discussion

# Methodist

- 276-bed acute care community hospital
- Houston Methodist system
- High market growth driving expansion

276 beds = 287 (Nov'14) = 323 ('15)



Achieved Magnet® status in October 2013





Recognized for 10 years



A Safety Score - The Leapfrog Group.



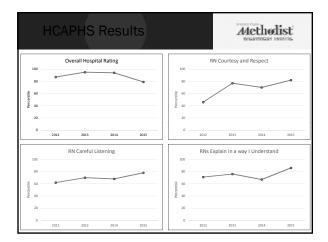


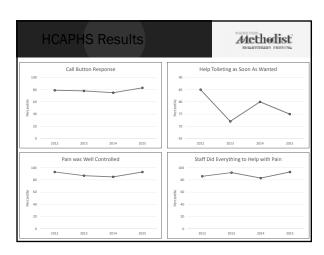
Gold Seal of Approval from TJC - Primary Stroke Center

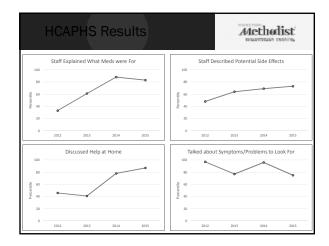
# About Our Unit

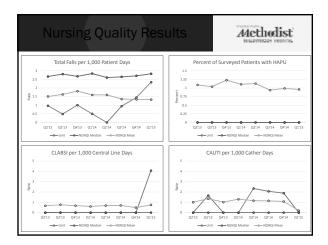
Methodist

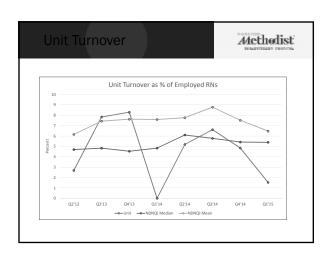
- 28 bed Med Surg Unit
- 45 RN FTE's
- 15 Ancillary Staff (Unit Secretaries/Patient Care Assistant)
- Established in May 2010 with the opening of the North Pavilion.
  - New Manager and staff that were not very familiar with each other.
  - Only identified specialty was Orthopedic Surgery
  - Since then we have added Neurosurgery, Cardiovascular surgery, and we are a Center of Excellence for Bariatric Surgery.

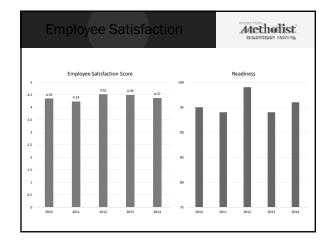












## **Shared Governance**

Methodist

- Evolution
  - What it was the unit like then in 2010.
    - Established without unit based shared governance structure.
    - Needed to start as new unit open
    - 3 Councils initially. Meeting started all together and broke out into the different Councils.
    - Every staff member was assigned to council-evenly distributed.
    - Shared Governance meeting separate from Staff meeting.
  - What it is now.
    - Meets as large group and separates out in sub committees to work on identified projects.
    - Same meeting day as staff meeting and structure of meeting is defined by metrics.

# Shared Governance Project



- How to be successful when starting a unit based shared governance structure
  - Easy wins-do not try to change the nursing practice in your first project.
    - Brainstorm with group to find out what is frustrating staff.
    - Be committed to following through with that project
    - Set a timeline and project plan for process improvement.
    - Make sure you identify a metric that you can track the change and evaluate progress.

Governance	Project



- · When a project is rolled out
  - Celebrate-Reward/correct
  - Understand your commitment for change.
  - Check for what you expect and hold staff accountable for that expectation following implementation.
  - Continue to report on metric to staff and make correlation to project and metric-especially if there is improvement.

## Shared Governance Projects



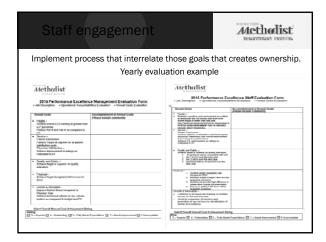
- Nurse Servers (2010)
- Supply room reorganization (2010)
- Hourly Rounding (2010)
- Improved MD satisfaction with posting of Staff photo's by name on Whiteboards (2011)
- DME-Orthopedic Cage
- Staff Holiday matrix
- Fall prevention
- Bedside Shift report
- Development of Discharge education for patients

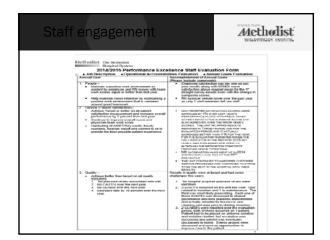
- Staff involvement in evaluation of promotions from RN1 to RN2 level
- Bariatric education
- Cardiovascular Education
- Neurosurgery Education
- Staff education fair
- PUPP project
- CAUTI policy review and improvement
- Commit to sit
- CLABSI policy review and improvement

### Staff engagement



- Staff needs to understand goals clearly that are set for the unit and what metrics are being measured to identify results.
- Set unit goals that align with hospital strategic plan
  - Our January Shared Governance meeting annually discusses our past year successes and opportunities for our future.
- Every RN is on the Clinical Career Path and inclusion criteria provides for support of Shared Governance.





# Engage other resources-other stakeholders to improve process. We have had multiple physicians come and speak at our shared governance meetings after staff recognized process issues and gaps in care. Content experts are often invited to present (infection control practitioner, Respiratory Care, Case Management, Pharmacists). We use our current staff as content experts to provide education. (story boards) Especially if something has happened that would provide a experience to learn on.

Methodist

## Be Transformational



Don't be a manager be a leader

- Internal motivation and self-management
- The ability to make difficult decisions
- Check Your ego
- Willing to take the right risks
- Organizational consciousness
- Adaptability
- Willing to listen and entertain new ideas
- Inspirational
- Proactive
- Visionary

### References



- Studer, Q., Robinson, B.C., & Cook, K. (2010). The HCAHPS Handbook: Hardwire Your Hospital for Pay-for-Performance Success. Gulf Breeze, FL: Fire Starter Publishing.
- Studer Group. (2010). The Nurse Leader Handbook: The Art and Science of Nurse Leadership. Gulf Breeze, FL: Fire Starter Publishing.
- Dean, P. J., (2009). Nurse-to-Nurse Caring Begins with Shift-to-Shift Report, International Journal of Human Caring. Volume 13 (number 2), pages 22-26.
- Kouzes & Posner. (2007). The Leadership Challenge.  $4^{th}$  Edition. San Francisco, CA: John Wiley & Son, Inc.

